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## INSANITY AND THE NURSING OF THE INSANE

During the early dawn of human history, insanity was regarded as of divine origin, and its treatment was confided to the priests, who, as a rule, treated those so afflicted with kindness and consideration.

In the fifth century B. C., for a period known as the Hippocratic period, there were enlightened views of insanity, owing to the wise and advanced teaching of Hippocrates, justly designated "the Father of Medicine." He first recognized the true nature of mental disorder, viz., that it is only a manifestation of actual bodily disease, the brain being the part affected, and laid down rules for the humane and rational treatment of those mentally afflicted.

The world, however, was entirely unprepared to follow the course advocated by Hippocrates, and from the commencement of the Christian era down to nearly the beginning of the past century, there was a return to primitive superstition, but with this great difference—insanity was no longer looked upon as of divine origin, but regarded as due to demoniacal possession. In consequence, lunatics were almost universally treated in the most brutal and barbarous way.

It is only during the last century that insanity has again come to be recognized as a bodily disease, or that rational treatment of it has been practised. In fact, during the past seventy years the advance in the care and treatment of the insane has been greater than for two thousand years previously.

Among the advances made in recent times, not the least has been the nursing of the insane, or, as it is now often termed, mental nursing. The problem of the proper nursing of this deeply afflicted class arose with Pinel and Tuke in 1791. For many years after their time, however, it was doubted by the majority of alienists, whether the humane and sympathetic service required for the insane would ever be gained unless it were prompted by a purely religious spirit.

Mental nursing proper, though said to date back over seventy years, that is, even prior to the development of the nursing of physical ailments, nevertheless received no great attention until the period from 1880 to 1885, during which years the movement to establish training schools for mental nurses, as well as emphasize the general hospital idea in asylum work, was successfully inaugurated by Dr. Edward Cowles, of the McLean Asylum, at Somerville, Mass. Since then, the movement has grown so

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largely that to-day, the mental nurse differs as much from the keeper of fifty years ago, as does the sick nurse of the present time from the "Sairey Gamp" of the immortal Dickens.

As a rule, the nurse trained only in general hospital work does not take kindly to the care of the insane. There seems to her to be little to do for a patient who has no appreciable bodily ailment, and so she is prone to think that the work is not calculated to call into activity the highest qualities of the nursing profession. Never was greater mistake. In the whole category of ills that flesh is heir to, there is no disease that requires more skilful and careful nursing than mental disease. Patience, tact, watchfulness, courage, fertility of resource, forbearance under the severest provocation, ability to assert authority without violence and to command the affection as well as the respect of a patient, presence of mind and judgment in emergencies, capacity to carry out intelligently the details of treatment as directed by the physician—all these qualities are required for the proper care of the insane in even a much higher degree than for those only afflicted physically.

Some of you may feel disposed to dispute this. Take, however, for example, the matter of nutrition, and you will see at once how much greater an importance it assumes, when the object of your care is insane instead of sane. In the case of the latter, your patient is anxious to assist your efforts for his comfort, to meet you half way in all measures for his care—lack or capriciousness of appetite is all you will have to contend against. In other words, the sane patient, as a general rule, appreciates his condition, is anxious to get well, and helps all he can in any treatment that may be prescribed for him. Not so with the insane. Here, while there may still be lack or capriciousness of appetite, we may have added thereto absolute refusal of food, or even actual opposition to all efforts to induce the patient to eat. This, mayhap, from fear of being poisoned, an idea that he does not need to eat to sustain life, or a desire to commit suicide by starving himself to death. But, whatever the reason for the refusal of food, there is no disposition on his part to meet you half way, no effort to assist in any measures devised for his comfort or cure.

There is thus, as you can easily see, a vast difference between the two forms of nursing, a difference thus aptly illustrated by Dr. Cowles in one of his reports on the McLean Training School: "A nurse of large experience in mental nursing, after a term of service in a general hospital, was asked what the difference was between the two kinds of nursing. She answered: 'In a general hospital, the patient must please the nurse; with the insane the nurse must please the patient.'"

Were I asked what, in my opinion, would constitute the ideal trained nurse, I would, without hesitation, say: A thorough course of training in a hospital for the insane, followed by the regular hospital course.

As a rule, the insane can be much better cared for in institutions devoted exclusively to the treatment of mental disorders.

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than at home, but there are times when removal to such an establishment is for some reason deemed inadvisable. Consequently, cases of insanity are liable, now and again, to be amongst those of which the ordinary sick nurse is asked to take charge. For this reason it is advisable that she should add at least some knowledge of mental nursing to her repertoire of accomplishments, a task in which I feel honored by having been asked to assist you.

To render intelligible what I have to say about the nursing of the insane, let me first devote a brief space to telling you something about what insanity is, and the forms of the disease most frequently met with.

The fundamental principle of a mental nurse's education must be the fact that insanity is a disease; that insane acts and ideas as surely spring from a morbid condition of the brain as a bilious attack springs from a morbid condition of the liver. It is hard to realize that it is possible for a person seemingly well and strong, able to eat three square meals a day, and capable of moving vigorously about, to be sick, as is really the case with the insane, and yet it is all-important that this fact should never be lost sight of. Very often the victims of disordered mind imagine that their best friends are their worst enemies, and frequently, under the influence of insanity, the most kindly and refined ladies become notoriously obscene, lewd, and irritating. Not rarely, too, we come across patients who, let the nurse be ever so kind, will persist in formulating charges of neglect, inattention, and even cruelty against her. To bear such charges with equanimity, knowing them to be utterly baseless, is one of the hardest tasks imposed upon the mental nurse. It is only by the full recognition of the fact that such patients are sick and not answerable for what they say that this can be done. It takes a hard struggle, I grant you, to keep down the "old Adam," innate in us all, under such circumstances. It must be done, however, if you are to have any success in the care of the insane. Perhaps it may help you in the struggle if you will put it to yourselves in this light: I would never dream of taking to heart any of the absurd things said by a delirious fever patient, why then should I feel aggrieved at the remarks of an unfortunate lunatic, who is equally sick and equally irresponsible for what he may say?

The general term "insanity" embraces a number of forms of mental disorder, and the question of an accurate definition of it has been much puzzled over. Even yet, alienists are not agreed upon one that will embrace all those who are insane, and exclude all those who are sane. Perhaps the simplest definition, and one as good as any, is that which defines it to be a prolonged departure from an individual's normal standard of thinking, feeling and acting.

As to the forms of the disease, I need only say that it will commonly present itself to you in one of four aspects. There will be a departure from the normal condition either in the direction of depression, of exaltation, of enfeeblement, or of

perversion. These constitute the four great forms of mental disorder to which the technical names melancholia, mania, dementia, and paranoia have been applied.

That a nurse's duty must differ greatly in the different forms of insanity will be obvious. If the patient be depressed, her manner should be brisk, and her conversation lively and pleasant though not flippant. If, on the other hand, the patient be maniacal, it will be her duty to soothe, moderate, and restrain, for which purpose her demeanor should be quiet and deliberate, her speech subdued. Even the most apparently demented patient must be treated with friendliness and politeness, because stupidity is often only an appearance, and experience shows that such patients are sometimes receptive of impressions and influences from minds stronger and clearer than their own, as well as from the surroundings which such minds create for them. Remember, too, that although they do not always show it, the insane have likes and dislikes, often very strong ones, the same as the sane. They are often extremely sensitive to rude or unkind treatment, and, on the other hand, they are very grateful for favors or kindness. The nurse who has the patience and tact to take advantage of these facts can obtain a great influence over a patient—an influence which may be made a powerful factor in his restoration to health. In all cases, her main object should be to gain the confidence of her charge. Let her do this, and she will have much more comfort and ease in her attendance upon him, and much more success in carrying out any indicated line of treatment.

Among the insane, just as among the sane, the mental condition is very greatly affected by the state of the body, and anything that tends to promote the bodily welfare has a beneficial influence in promoting mental health. Hence in all cases, but especially in those where the mental condition is such that the patient cannot take proper care of himself, everything possible should be done by the nurse to preserve and improve the bodily health. Your hospital training will have taught you the necessity for good ventilation, cleanliness, warmth, nourishing food, and attention to the proper discharge of the various bodily functions. I shall, therefore, pass over these points, merely warning you that sanitary surroundings are very apt to be neglected in the case of the insane, though they are just as necessary to their well-being as to that of any other sick patient.

In the care of the insane, the nurse is an even more important agent than in the care of those only physically ill, not only because she is the immediate agent to carry into effect the prescribed treatment, but because she is the one upon whom the doctor must depend for the bulk of his information. Her relations with the patient are of the most intimate nature, and, having him under constant observation, she, better than anyone else, can learn all the subtleties of his mental state, and so, if observant, can add much to the physician's knowledge of the case, and in this way do much to help toward a cure.

As regards a patient's delusions, and your behavior with reference to them. My advice to you is to avoid them as much



as possible, but never to admit their truth. One is apt to think that to humor a patient by acquiescence in them will help to make things go along easily. This is very far from being the case. To appear to admit, either specifically or by your conduct, that delusion is truth, will eventually lead to your confusion. Let us suppose, for example, that the patient imagines himself to possess superhuman strength, and you humor him by assenting. Shortly after you have to give him a dose of medicine, and he objects to taking it. Inspired by his delusion that he is stronger than you, in which you have coincided, he will resist taking the dose, and your trouble will begin. Nor is it wise, on the other hand, to ridicule or needlessly contradict his erroneous ideas, for neither ridicule, contradiction, nor argument will convince him of his error. Ignore delusions if possible, but, if they are forced upon you, say kindly, but plainly and firmly, that you cannot agree with him, and you think the patient must be mistaken. Let the matter rest there, and on no account allow yourself to be drawn into an argument. Instead, try to divert your patient's mind with other thoughts by getting him, if possible, to engage in some amusement or occupation.

Patients with delusions of suspicion demand special care, and with such, a nurse must be doubly careful as regards her manner and conduct. If these be frank and open, natural and unembarrassed, they will go far toward allaying suspicion. If, on the contrary, the nurse has an insincere look, avoids her patient's eyes, is given to whisperings aside, or mysterious movements, she need not wonder if the distrust of her charge be excited, and he sets her down as a fellow-conspirator against his life or property. With such a patient, always be sure that it is made perfectly plain to him at the outset, that you are a nurse, and he is a patient; that you are there because he is sick, and you have been engaged to take care of him; let there be no deception as to your relations one to the other, or as to the meaning of your presence.

An important point in the management of the insane is never to manifest fear of a patient. If you have any such you should carefully conceal it in his presence. Lunatics are very quick to detect evidences of such weakness, and to take advantage of it, while for one who, though always kind, is cool and self-possessed, showing no signs of timidity, they have a very wholesome respect.

It is a common characteristic of insanity to show itself most prominently in an entire change in the natural feelings and affections. Those whom a man has loved and trusted most dearly, while he was in health, are the very ones toward whom he shows the greatest dislike and distrust, when his reason is overthrown. This peculiarity forms one of the strongest reasons for sending insane patients to asylums, because continued contact with relatives or friends who have become objects of suspicion or dislike is not conducive to recovery. If a patient is to be treated at home, the physician should make it a condition that his friends shall abstain from seeing him, and the wisdom of withholding from his sight all those who might excite or

irritate him would seem evident to the common sense of anyone. Unfortunately, however, the relatives of insane persons do not appear to be blessed with much of this quality, and, consequently, one of a nurse's duties, and one of her hardest tasks, may be to enforce the doctor's orders in this respect. Friends will appeal to you, coax you, even try to bribe you, to ignore your instructions and let them see the patient. Of course you must, for both your own and your patient's sake, refuse them courteously, but with a firmness that will admit of no appeal. Baffled in this, they may want you to speak to the patient on some subject for them, or to ask him some question. In this also your refusal should be definite but polite. Make your reports to the family as regards your patient's condition as encouraging as you fairly can, but avoid description of his behavior or repetition of his remarks. Above all, never let the patient's friends tempt you to express an opinion as to his prospects of recovery; refer them to the doctor in whose province alone it is to answer such questions.

When friends are admitted to see a patient, regulate their conduct, so far as you can, by precept and example, deprecating any display of emotion, or aught that is calculated to excite or depress him. Be careful that nothing is said even in the case of the dullest of patients, that it is not advisable he should hear. If anything has to be said about him, let it be said aloud, not in a whisper, because all lunatics are prone to be suspicious. It is far better, however, that anything of the kind should be communicated outside the sick-room.

Another thing that the nurse should always bear in mind is this—the insane utterances of her patient, no matter how droll or strange they may be, must be regarded as confidential disclosures, and never repeated. The skeleton that is said to exist in every household is very apt to be unveiled in the ravings of madness; and it is quite possible that secrets may be revealed, which your charge, while in health, saw fit to keep from even those nearest and dearest to him. In such cases, the thoughtless repetition of what may have appeared to you to be only a senseless fancy, might be the cause of grave annoyance, or worse, to the patient's family and friends, or to the patient himself should he recover. The law which forbids a doctor to disclose any information gained whilst acting in a professional capacity, applies with equal force to the nurse. The only exception to your silence, which your position as nurse imposes on you, must be in favor of the attending physician. To him the patient's sayings should be freely known, because in them he may find some clue to the cause of the mental trouble, or some warning of a danger, such as suicide, to be guarded against.

*(To be continued.)*

## NEW METHODS IN SURGICAL NURSING.

The successful efforts of many of our eminent surgeons to modify the severity and to lessen the harshness of surgical procedures, to prevent the depressing effects of operations, and to bring about a more speedy and comfortable convalescence for their patients, has introduced many changes in the nursing of surgical cases.

First we will consider the simplifying of the preparation for operation. Almost universally, the patients are now admitted to the hospital the day preceding the operation, and, indeed, many the morning of the day of operation, and the usual routine is now about as follows:

The admission and morning bath.

Castor oil, 1 ounce to be given not later than 8 p.m.

Soap suds enema in the morning.

Diet—Liquids without milk until midnight.

Water encouraged until within 3 hours preceding the operation.

Dr. Dudley P. Allen, observing the very excellent results obtained in the treatment of emergency cases where preparation had to be made in the operating-room only, introduced this very simple method at Lakeside Hospital.

After about three years' experience the results would seem to be, from the standpoint of the nurse, as follows: Aseptic healing of wounds has not been interfered with; the period of anxiety regarding the operation has been shortened; the physical discomforts of the preparation have been very much lessened, and the mental effect of so little having to be done for them in the way of preparation for the dreaded operation, has been excellent.

### Anaesthetizing.

For the administering of ether—the drop method is now almost universally used. This method, from the standpoint of the nurse, is neater, more gentle, and the results obtained are better in every way; the patient struggles less, if at all, and on one of our surgical services the tongue forceps and the mouth gag have not been used for over a year. The nurses on the wards tell me that the patients regain consciousness more quickly—there is much less nausea and vomiting, and the mouth is in a better condition. The thirst is not so great, and in every way the patient is more comfortable.

Much has been said by the medical profession in regard to the desirability of improving the methods of anaesthetizing. They have suggested that graduate nurses are better fitted for administering anaesthetics than the average young physician, who is apt to be more interested in the details of the operation.

About two years ago, Dr. George W. Crile decided to give the matter very careful consideration and trial in connection with his service in the hospital. A graduate nurse was employed and the following detail carried out as near as possible:

On the ward the operation is discussed with the patient (if at all) as little as possible.

### The Anaesthetist.

That the patient will not meet a perfect stranger on the morning of the operation, the anaesthetist visits the patient, and, if it is consistent with the requirements of the case, she explains to the patient that she will give the anaesthetic, her remarks suggesting that he will sleep rather than go under the influence of the drug.

Before going to the operating-room, a hypodermic injection of morphine, gr. 1-6 and atropine, gr. 1-150 is given.

The anaesthetic-room, where absolute silence prevails, is so arranged that there is nothing for the patient to see in the way of preparation except the anaesthetist, who endeavors to engage the patient in conversation in regard to going to sleep rather than to the taking of an anaesthetic. With a little explanation, the patient is instructed to close the eyes, which are then covered with a thin layer of absorbent cotton, over which is placed a piece of thin rubber tissue. The throat is then sprayed with albolene, and the lips are smeared thickly with cold cream. The anaesthetist, using a Schummelbuch folding mask, covered with six thicknesses of gauze, begins to give the ether drop by drop, at the same time making suggestions regarding sleep to her patient.

Careful attention to the details mentioned have brought excellent results, and would suggest that a carefully selected graduate nurse can be a successful anaesthetist. However, it is well to remember that her duties make a severe demand upon her, the nervous strain is very great, and the position of anaesthetist to a hospital must of necessity be filled by a nurse who is not only skilled in her work, but whose manner is gracious, bringing to the patient and to the operating pavilion helpful and interested services.

### Fowler's Position.

Fowler's position is used immediately after operation, in many cases for the purpose of obtaining better drainage. It also, to some extent, relieves nausea and enables the patient to breathe with greater ease. This position requires a special cradle, and from 5 to 7 pillows. The modified Fowler's position requires from 3 to 4 pillows, and is also used extensively.

### Prevention of Pneumonia.

Pneumonia following operation is now almost a complication of the past. Some of the precautions taken to prevent its occurrence are as follows: Careful technique for the administration of anaesthetics, in every way lessening the exposure of the patient from the admission to the hospital to assured convalescence. By this we mean that the patient should be warmly clad, particularly while being conveyed to and from the operating pavilion. While in the operating-room every care should be taken not to expose the patient and to keep the skin dry and warm. For warmly clothing we use a comfortable pneumonia jacket, fitting well up around the shoulders and neck, a laparotomy jacket, and long laparotomy stockings, as well as a generous use of blankets and a flannelette nightingale to protect

the head. The pneumonia jacket is worn until convalescence is established.

#### **Murphy Infusion or Saline Per Rectum.**

This method is rapidly taking the place of saline subcutaneously as its merits become better known. The chances of infection or burns are lessened and cause less discomfort to the patient. The necessary articles for carrying out this treatment are as follows: A standard, irrigating can, rubber tube, rubber catheter, glass connecting tips, clamp, and the new device for the drop method, which enables us to see exactly just how fast the solution is being absorbed. The new device consists of the glass part of a medicine dropper, fitted into the rubber cork of a glass syringe, from which the piston has been removed. The flow is regulated by the use of the clamp above it. One drop to the second is about as fast as the patient can absorb it, but if the solution is not being absorbed, it will rise in the tubing and show below the dropper. Sterile normal saline is the solution used, and the entire apparatus is boiled and kept in a sterile towel previous to using. The solution should be kept at about 100 degrees. This is easily done by filling a glass bottle (sterile) with boiling water and setting it inside the can. Usually after 24-48 hours the patient is able to drink plenty of water and the infusion is discontinued.

#### **Early Feeding.**

Many of our surgical cases are now encouraged to eat a light meal as soon as the condition of the stomach will permit, the theory advanced being that the play of the muscles of mastication start into activity the entire system of digestion and aid in restoring the general normal condition. Where slight nausea or a distaste for food continues, chewing of gum is required.

#### **Fresh Air Treatment.**

This treatment is now the most extensively used for almost all cases, many patients being ordered to stay out of doors all the time; others to remain out of doors for an hour twice or three times a day, and occasionally even patients on the danger list are kept on the balcony a greater part of the time. To carry out this treatment successfully we require wide, generous balconies, wheel beds, bed trucks, wheel chairs, and comfortable lounging chairs, also an almost unlimited supply of extra blankets, hot water bottles, pillows, and clean linen. Orderlies are also required to convey the patients back and forth. As the treatment is now used for very sick patients, it will not be very long before open air wards, with partial equipment, will be required, where nurses can be detailed to duty in the same way as in other wards of the hospital. The chief results from the fresh air treatment are as follows: Patients seem to be benefited in a general way by the change of environment, the appetite is improved, the patient sleeps better, and the mental effect is excellent.

#### **Massage.**

Soon after the operation general massage is now frequently

ordered, the passive and resistive movements being chiefly used, the object of the treatment being to prevent the loss of muscle tone. Reports from the nurses in regard to the use of massage after operations are that the patients seem much benefited in a general way, the loss of weight is not so great, and the patients are stronger by the time they are permitted to sit up or leave their beds.

#### **Large Moist Dressings.**

These dressings are used in bad pus cases, where a large surface must be kept hot and moist. Large pieces of flannelette about  $1\frac{1}{2}$  yards square are required. These are folded to cover the surface, put in a stupe wringer, and boiled in water or some disinfectant solution, are wrung out, and placed over the part, not removing the gauze directly over the wound. This is all covered with oil silk or muslin and then with hot water bags, and finally the bandage or dry pad. The response to this dressing is rapid. The inflammation subsides quickly. The pain is relieved and the drainage is increased.

#### **Bier Treatment.**

This treatment is practically carried out by the nurses and calls for the Bier apparatus, which principally consists of rubber bandages and suction cups.

#### **Lumbar Puncture.**

As an aid to diagnosis and sometimes for therapeutic measures, a lumbar puncture is done upon many of our surgical patients. The nurse's duties in regard to lumbar punctures is to prepare aseptically as for a minor operation, including the preparation of the skin, the only addition being lumbar puncture needles and aseptic test tubes. The lumbar puncture is always charted.

#### **Hemolysis.**

Hemolysis is also used diagnostically on many of our surgical patients. This requires about the same preparation as the lumbar puncture, including the test tubes and a special sterilized needle.

The general results of the new methods of surgical nursing would seem to be that the patients make a better, quicker, and more comfortable convalescence; that they leave the hospital in much better physical condition than they did some years ago.

A short time ago a very intelligent patient who had recovered from a major operation said: "Of course, I had to have the operation, but the wonderful part of it to me has been the comfort and the kindness of it all. With the exception of the first three days I have had a very nice time."

Before leaving our subject, it would seem well for us as nurses to note how enormously the new methods have added to the every-day duties of the nurses, as well as to the amount of careful detail that calls upon her for the greatest attention to accuracy. It would also be well for us to recognize how tremendously it has all added to the general expense of the

hospitals. Not only do the new methods require all the things mentioned, but their intelligent application, yet the hospital responds eagerly to assist in the advancement of all things pertaining to the relief of suffering mankind.

Elizabeth E. Ellis.

The Lakeside Hospital, Cleveland.

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### THE VISITING NURSE.

Perhaps in no way is the Nursing Profession making as much progress, coming so essentially into touch with the spirit of the time, as in the work of Visiting Nursing, and yet, surely, in no way do we come closer to the work in which trained nursing had its beginning—the house-to-house nursing done in the little village of Kaiserwerth.

To-day the work of the Visiting Nurse is so varied in its scope, the conditions under which it is carried on differ so greatly that it seemed better to make this paper broad in outlook rather than complete in detail—an outline of what is being done in many places, rather than a full and statistical account of Visiting Nursing in any one place. Accordingly, information was sought from the leading cities in England, Scotland and the United States, as well as in Canada, and reports, etc., procured from Municipal Associations, such as Boards of Health and the Societies of Organized Charity, as well as from Visiting Nurse Associations. In considering such reports, it is needful to remember that, in addition, there is much work done by isolated workers, such as parish nurses, etc., the record of which is not found in any report, but which is, nevertheless, valuable and interesting work.

#### Visiting or District Nursing in England.

In the aims of the Society of St. John's House, founded in London in 1848, we find the first mention of trained nurses working "among the poor in their own homes." But organized district nursing began in the years 1859-1862, in Liverpool, when it was systematically established by Mr. Wm. Rathbone. Such was the success of his work that a few years later we find Liverpool divided for this purpose into eighteen district, each with its own nurse. In 1868 the first society was organized in London; this was the East London Nursing Society. In 1874 the Metropolitan and National Society was established, and by its high social and educational demand raised the standard of nurses employed in district work. Associations for District Nursing and Training Homes were established in many of the towns and cities of Great Britain. Then, in 1889, came that great event in the annals of English district nursing, the founding of Queen Victoria's Jubilee Institute for Nurses, the object of the Institute being "the training, support and maintenance of women

to act as nurses for the sick poor" in their own homes—in other words, the larger development of district nursing. Taking the Metropolitan and District Nursing Association as its nucleus, it affiliated with itself the majority of associations then existing, and has since been instrumental in establishing affiliated "District Nursing Associations" and "County Nursing Associations" all over the United Kingdom. The work in England, Wales and Ireland is directly under the Central Council; Scotland has a Council of her own, which conducts the training and inspection of the Scottish nurses. A Queen's nurse must hold a certificate of three years' training in hospitals approved by the Institute, in addition to which she must have had six months' training in district work in one of the affiliated Homes. She is required to sign an agreement to serve the Institute for a certain period of time—wherever it requires her to go. After her name is entered on the Queen's Roll she must only work for an association affiliated with the Institute. The cost of a Queen's nurse is from £85 to £100 a year. The nurse receives a salary of £30 to £36 a year, and her uniform, board, lodging and laundry. A Queen's probationer receives £25 a year. Uniform includes outdoor as well as indoor clothing, and a small allowance for boots. In towns where there is more than one nurse the nurses live together, and where there are a number of nurses there is a regular Home under the charge of a superintendent. The hours for work are eight hours daily except on Sunday, when only the most urgent cases are visited. A half-day is to be given at least once a fortnight and a month's holiday each year. The hours for work vary somewhat in the different associations. As example of large district Nursing Associations working in affiliation with the Queen's Institute, the Liverpool and Birmingham Associations may be considered. In Liverpool there are fifty-two nurses and five superintendents—of the fifty-two about forty are Queen's nurses, the remainder being Queen's probationers—that is to say, fully-qualified nurses taking their district training. All classes of work are taken except contagious cases, midwifery and night work. The nurses average fifteen visits a day. They go on duty from 8.30 a.m. to 1 p.m. and from 5 p.m. to 8.30. The report states that this arrangement is made "in order that the patients may be made comfortable for the night." There is a separate "pay-staff" doing "visiting nursing." Here I may say that in English use there is this distinction in the terms "district" and "visiting"—the former term denotes unpaid nursing, the latter term being used when some remuneration is given; in Liverpool the fees are quoted as being from 7s. 6d. to £1 per week. The Liverpool Association also does school work. During 1907 over 70,000 dressings were done in the schools and 270 children visited daily. The annual report emphasizes the value of the district nurse in teaching "cooking and cleanliness" in the homes of the poor, and the Medical Health Officer is quoted as saying "that the district nursing staff is a valuable accessory to public health work."



In Birmingham there are two superintendents and twenty nurses. Night work is occasionally done; otherwise the class of work is the same as in Liverpool. No school nursing is done.

One of the homes has recently been organized as a training centre for the Jubilee Institute. The average number of visits is fifteen to twenty daily. Some of the nurses employed are not Queen's nurses or Queen's probationers, but all have had three years' previous training.

In Bolton there are eleven Queen's nurses and one Queen's probationer. All classes of cases are taken except scarlet fever, measles and smallpox. Average visits, eleven daily.

On January 1st, 1908, there were 1,537 Queen's nurses on the roll. The County Nursing Associations previously referred to employ village nurses—these are women having had at least nine months' training, preferably twelve, and holding the certificate of the Central Midwives' Board. The majority receive their district training at the Plaistow Home, where the training of village nurses is systematized and carried on under the supervision of the Institute. They work afterwards in rural districts where it is not possible to employ a Queen's nurse. They are under the supervision of a County Superintendent. Their cost is from £45 to £60 a year. There are at present 540 village nurses working in the county districts of England. The eighteenth annual report of the Institute calls attention to the increasing responsibility of the Institute in qualifying their nurses for new developments in their work; these are midwifery, school nursing, and work for the newly established Health Societies. One learns from the same report that under the Workman's Compensation Act the various associations are liable to pay compensation to the district nurse for any injury or accident received in the course of her employment. Many of the associations require their nurses to take out policies in the Royal National Nurses' Pension Fund, and then supplement these policies.

In parts of Ireland where poverty is too great to admit of the formation of local associations, there are nurses provided by the Institute and supported by special funds, such as the Lady Dudley fund.

#### School Nurses.

Reference has been made to the fact that school nursing is done by some of the associations affiliated to the Institute. In London, and, I think, quite recently in one or two other places, this work is carried on by the municipal authorities. The London County Council employs a number of visiting school nurses, all having a three years' certificate; preference is given to nurses who have also had experience in district work.

#### Sanitary Inspectors.

Twenty-one of the twenty-eight municipal corporations in London employ women as sanitary inspectors and health visitors, amounting in all to forty in number. The duties of these lady

inspectors vary in the different boroughs, but include the inspection of factories, workshops, laundries and restaurants employing female labor, of houses where rooms are let to lodgers, and of the homes of out-workers in factories, laundries, etc. These inspectors are also to visit the homes of children about to be discharged from isolation hospitals and houses where births have recently occurred, and they are to carry on the investigation of infantile mortality and of cases of puerperal fever, and to work for the prevention of tuberculosis.

When we remember that there are only forty lady inspectors in a city having a population of over four and a half millions, we can appreciate the great importance of the fact that the London County Council has recently obtained legislation authorizing the appointment of health visitors to work with the sanitary inspectors. No direct statement that these health visitors are to be nurses was made, but the information concerning both them and the inspectors was given in reply to a question as to whether visiting nurses were employed by the municipal health authorities. It seems obvious that the duties of these inspectors and visitors could only be carried on by doctors or nurses.

#### Health Societies.

Many of the various health societies which have recently been widely established in Great Britain are employing visiting nurses to work in the campaign against tuberculosis.

Finally, in addition to the nurses working with the various agencies which have been mentioned (as has been previously stated), there are always a number of private visiting nurses working for churches or individuals, about whose work it is impossible to obtain any statistics.

#### Visiting Nursing in the United States.

When one turns from the consideration of the work of the visiting nurse in Great Britain to the consideration of such work in the United States, one is confronted with a much more difficult problem. This is due, first of all, to the fact that the non-existence of any great national centralizing organization, such as the Jubilee Institute, makes it necessary to consider different cities or communities as separate units and not as integral parts of a great whole. Then in any one of these different cities or communities one may find several visiting nursing associations, and other societies employing visiting nurses; also the work done by visiting nurses is usually much wider in its scope than in Great Britain. For these reasons, it seems necessary to consider the work done in a number of cities differing in location, size and importance.

Detroit, Philadelphia, Washington may be classed together, because in each of these cities there is only one visiting nursing association; in each the nurses live together in a home, and the salaries paid are about the same, \$25 to \$35 per month.

Detroit has seven nurses and a superintendent; one of the nurses does school work and one tuberculosis work only; the others do general work. The nurses are supplied with their outdoor uniform. They average six to eight visits per day and are on duty seven hours. Sunday work is "at the discretion of the superintendent." Night work is only done in rare cases, and usually by special emergency nurses. The "tuberculosis nurse" works in connection with the recently established tuberculosis clinic. The school nurse during the year visited 1,303 children, besides paying over 300 visits of investigation. She did 2,832 dressings. Her work was so successful that it has been taken over by the Board of Health, who will have four school nurses. The work of instructing young mothers in the care of their infants—sick or well—is also carried on by the visiting nurses, and the association hopes to have one of its nurses co-operate in the work with juvenile delinquents.

In Philadelphia there are twenty-two visiting nurses and a superintendent; one of the nurses is an undergraduate from a training school in Virginia. For four years one of the nurses had done school nursing. A year ago the society increased the number of school nurses to four and notified the Boards of Health and Education that these nurses would be withdrawn at the end of December. As a result, in January, 1908, the city authorities appointed a supervising school nurse with five assistants. Since last August one nurse has done tuberculosis work only, a day nursery is visited by another. Work in settlements is also done, and one nurse does work in connection with a milk station in the Italian quarter. A special night nurse fund provides nurses for critical cases. Hours on duty are eight and a half daily, with a half day off each week and as much time on Sundays "as can conscientiously be taken" after caring for acute cases. A nurse pays from seven to twelve visits daily.

Washington has a staff of ten nurses and a superintendent: the society is called the Instructive Visiting Nurse Society, and its object is stated to be "to provide trained nurses to visit and nurse the poor in their homes and to instruct them in the care of their sick." One nurse does tuberculosis work. The nurses have the same sub-offices as the agents of the Associated Charities and co-operate with them.

In Cleveland also there is only one visiting nurses' association, but the nurses live where they choose; they receive from \$50 to \$75 per month, collars, cuffs, aprons and outdoor uniform. They are on duty eight hours daily, have a half day off weekly, and pay visits on Sunday only to acute cases. Three nurses work in connection with the tuberculosis dispensary, three in connection with the babies' dispensary, one in a factory, two are connected with the Lakeside Hospital, and one with a maternity dispensary, one does cripple-school and relief work; the remainder do regular district nursing. There are no school nurses in Cleveland.

In Baltimore there is also only one visiting nursing association, which employs forty graduate nurses. In 1907 they attended 1,600 obstetrical and 1,200 tuberculous cases. The nurses average twenty visits per day. Night work is only done by special arrangement. From \$70 to \$85 per month is given, the nurses living where they choose. One car-fare per each case is allowed. There are five school nurses employed by the civic authority.

Buffalo has had a Visiting Nursing Association since 1888; five nurses are employed, salary \$50 per month. General work is done; the average number of visits per day is six. A school nurse is employed by the Board of Health.

The Visiting Nursing Association of Denver has a staff of five graduate nurses, augmented by third year pupils from the County Hospital. The graduates receive from \$50 to \$60 salary a month; hours on duty, eight daily; a half day off is given twice a month; on Sundays the usual rule of emergency calls only holds good; outdoor uniforms are supplied. For a time one nurse did tuberculous work only, but this was not considered as satisfactory as having these patients cared for by the regular district nurse.

The Instructive District Nursing Association of Boston, established in 1886, has at present a staff of sixteen graduates, a superintendent and four undergraduate nurses, and carries on a training school for district nurses. Nine graduate nurses and two pupil nurses from the Massachusetts General Hospital do general visiting nursing; two graduates do tuberculosis work, and three graduates and two pupil-nurses from the Boston Lying-in Hospital do maternity work. One nurse works in the day nurseries of the Neighborhood Houses, and one works in Lowney's factory. Nurses are on duty eight hours daily, but only in exceptional cases on Sundays and holidays. They receive from \$45 to \$60 a month, and are furnished with uniforms, except waists, collars and aprons. Special nurses are engaged to do night work. Maternity cases are attended only after confinement.

In the Training School for District Nurses, under the supervision of Miss McLeod, late of the Victorian Order, there are at present ten nurses. A course of four months' instruction and experience in district nursing is given; nurses receive board and lodging, but no salary. School nursing was formerly carried on by the association, and resulted in the appointment, by the civic authorities, of thirty-two school nurses. There are six municipal tuberculosis nurses.

Chicago has one Visiting Nursing Association, with a staff of thirty nurses, who receive from \$50 to \$85 a month and are obliged to deposit 7 per cent. of their salary. They live where they choose "within reasonable distance of their district." Outdoor uniforms are provided. The nurses are on duty eight hours daily, but "work must be finished"; on Sunday emergency visits only; a half day is given twice a month "when consistent with the work." General work is done, contagious cases being visited "for purposes

of instruction." Besides the regular district nursing, work is done in connection with dispensaries, with the Children's Memorial Hospital, and with the "Baby Tents," supported by the Relief and Aid Society. Each of the twenty-seven districts has its cleaning woman, its day nursery, its social settlement, its probation officer, its relief visitors, its ambulance service, and with all of these the district nurse co-operates. The Chicago District Nursing Association and its superintendent, Miss Harriet Fulmer, are well known for good work and excellent organization.

When we turn to district nursing in New York City, we find that there is no one central association. The New York Board of Health, the Charity Organization Society, the Association for Improving the Condition of the Poor, the Henry Street Settlement, better known as the Nurses' Settlement, and the Presbyterian Hospital, all carry on visiting nursing, and, of course, besides these there are clinic, dispensary and parish nurses and others scattered here and there through the city, working for private individuals or societies. The Board of Health, since September 1st, 1908, is employing 105 nurses. There are at present 81 school nurses. During the past summer the Board of Health provided 60 of the 71 nurses forming the summer corps who worked for the welfare of the babies of New York. These nurses were instructed to visit the mothers of all babies whose birth has been recorded during the spring months, to investigate the care of the baby, to give necessary instruction, and, when required, to refer cases to the proper relief societies. The general work of the Board of Health nurses had this three-fold aim: to investigate, to instruct, and, when necessary, to secure the co-operation of other organizations, such as hospitals, sanitariums, societies of organized charity, etc. The Charity Organization Society of New York employs eight nurses, who do educational and instructive work, actual nursing being the exception and not the rule, the general aim being to teach cleanliness, sanitation and dietetics. The nurses receive from \$60 to \$75 a month and average from four to ten visits per day. No Sunday work.

The Society for Improving the Condition of the Poor employs seventeen visiting nurses, who at present are doing "four distinct kinds of educational and follow-up work":

First. Two nurses do general nursing among the relief cases of the association.

Second. Three nurses follow up cases of sick babies brought to dispensaries for treatment. They visit each case until the baby is either well, in the hands of a suitable agency, or dead, and teach the mother how to care for the baby, also seeing that the home conditions are not detrimental to its health.

Third. Nine nurses are in charge of the "New York Milk Committee's Infants' Milk Depots and Consultations for Mothers." They visit the homes of the babies, getting milk from the depot.

Fourth. Three "Caroline Rest" maternity nurses visit preg-

nant women for three months before confinement and after confinement until the mother is well and competent to care for the baby. They average fifteen visits to each case—five before and ten after confinement—but in one case fifty-nine visits were made. These cases are all re-visited when the child is a year old.

All these nurses receive \$75 a month; they average from seven to nine visits a day; they work under a supervisor of nurses.

The Henry Street or Nurses' Settlement was begun about fifteen years ago by Miss Lillian Wald and another nurse, who established themselves in the "East Side of New York City" to nurse the sick poor in their homes, seriously and adequately, "instruction not being the primary motive." This was, and is, the basic principle of the Settlement visiting nursing. To-day there are about thirty nurses and a system covering a large part of Manhattan, in addition to which all manner of other social work is carried on. All sorts of cases are nursed. In 1907, 52,308 nursing visits and 6,479 convalescent visits were made. A convalescent home on the Hudson is maintained by the Settlement and carried on under the supervision of one of the nurses. Classes in home nursing are held. The nurses live in Settlement houses, and so in comradeship with other social workers. The Settlement was largely instrumental in the establishment of school nurses in New York.

The Visiting Nursing Department of the Presbyterian Hospital is three-fold in its object: First. Educational, for the student nurses. Second. Co-operation with the hospital work. Third. Benefit to the patients from both the nursing and the educational work in the home. It was begun four years ago with one graduate instructor and one pupil-nurse; to-day there are six nurses, one graduate instructor, one graduate nurse doing tuberculosis work, one doing "social" work, and three pupil nurses doing medical and surgical work. The nurses average from nine to twelve visits a day. The graduates board and lodge themselves and receive from \$75 a month up, and the pupils are, of course, resident in the School of Nursing. The course in visiting nursing is voluntary and lasts for two months, during which period the nurse has no duties in the hospital, but time for classes and lectures is allowed. The pupils receive this training in their third year.

As is the case with all the regular district nursing societies, there is a loan closet, supplied with linen and sick-room utensils, etc. The benefit of this department, both to the School of Nursing and to the hospital has been great, and much good work has been done not only in the care of the sick, but on the lines of prevention and education.

Pittsburg has six organizations employing visiting nurses, and during the past summer the city employed six nurses to work among the sick babies.

In the Oranges, New Jersey, there are *three* Visiting Nursing Associations, and the Anti-Tuberculosis Committee employs one

visiting nurse. Surely, these are examples of the need of centralization.

The Anti-Tuberculosis Societies in many places are employing visiting nurses, as are different branches of the Red Cross Society since this society has recently taken up the anti-tuberculosis campaign.

So in all these cities, by these and other agencies the work is going on—progressing in amount—increasing its sphere, extending from one land to another.

### Visiting Nursing in France.

Only to-day I saw in the *American Journal of Nursing* that a visiting nurse has been installed in Bordeaux by Dr. Hamilton. She works in co-operation with the out-patient department of the Protestant Hospital. She is the first visiting nurse in France under the new system of nursing.

### Visiting Nursing in Canada.

Turning to our own country, the work of the Victorian Order of Nurses must first be considered. Although the order does not confine itself to visiting nursing, of its eighty-one nurses thirty-one are at present doing hospital work: still it is as a visiting nursing association that it is best known. And in it we have the very great advantage of a central association. This advantage should be kept well in mind in beginning any form of visiting work and the possibility of affiliating any such work with the Order well considered. I have heard ardent visiting nurses, organizers of such work in the United States, wish they had some such central organization as the Victorian Order.

At present visiting nursing is done by the Order in Vancouver, Winnipeg, Fort William, Gravenhurst, London, Hamilton, Toronto, Kingston, Ottawa, Montreal, St. John, Yarmouth, Halifax, Truro, Canso, Baddeck and Sydney. The Victorian Order requires that its nurses have had a diploma from a "General Hospital Training School" and serve a four months' probationary term in one of the Training Homes of the Order. The nurses receive from \$300 a year, besides board, lodging, laundry and uniform; they are required to be on duty eight hours daily, and the regulations state that on Sundays only cases requiring immediate attention shall be visited. However, in the last annual report one notices that in one district the average hours of Sunday duty are put down at seven.

School nursing has been begun in Montreal and Hamilton—this work is yet in its infancy. Special tuberculosis work is being done in Toronto by one nurse working under the Board of Health, but in connection with the out-patient department of the Toronto General Hospital. In Ottawa there is a tuberculosis nurse working under the Anti-Tuberculosis Society, and in connection with the new Tuberculosis Dispensary, supported by the local Ladies' Club.

In Toronto, besides the Victorian Order, there are several soci-

eties employing visiting nurses. A visiting nurse has recently been established in Brantford. Finally, it must be remembered in Canada, as elsewhere, that there is a certain amount of visiting nursing going on under church organization and private support, particulars of which it is very difficult to gain.

### Conclusion.

In considering the work that is being done to-day by the visiting nurse there seems much food for thought in connection with our training schools. In the first place, here is a constantly increasing field of work for the nurses we are graduating; do we sufficiently consider the nature of the demand in the training of the women from whose ranks the supply must come? We see that with visiting nursing to-day there is frequently combined the child-labor work, sanitary inspection, relief investigation, instruction in household cleanliness, cooking, and the care of infants; we see the office nurse, the factory nurse, the school nurse, the tuberculosis nurse. Surely the preparation for such work must needs be wider than when the field was limited to private nursing, institutional work and visiting nursing of the old-fashioned type. Such an outlook should certainly influence the instruction given in hygiene, in dietetics, in practical cooking, and in the care of babies in health as well as in disease. But, above all, should we not see to it that before their graduation our nurses should know what is being done to-day by the visiting nurse, of whom it has been said, "She was born an alleviating agency." she is now a "latter day health missionary."

One of the ablest women I know once said that when, after years of work as a superintendent in more than one hospital, she first did visiting nursing for the Board of Health in New York City, she felt as if she had stepped out of a dark and narrow room into the open day.

By lectures on social work, by simpler talks and discussions, by required reading of selected articles, something at least could be done to bring this "open day" of social work and opportunity before our pupil-nurses. So that to some, perchance, may come the desire for such work and the determination, before the period of training is over, to use every opportunity of preparing for the social service which is to-day the privilege of the visiting nurse.

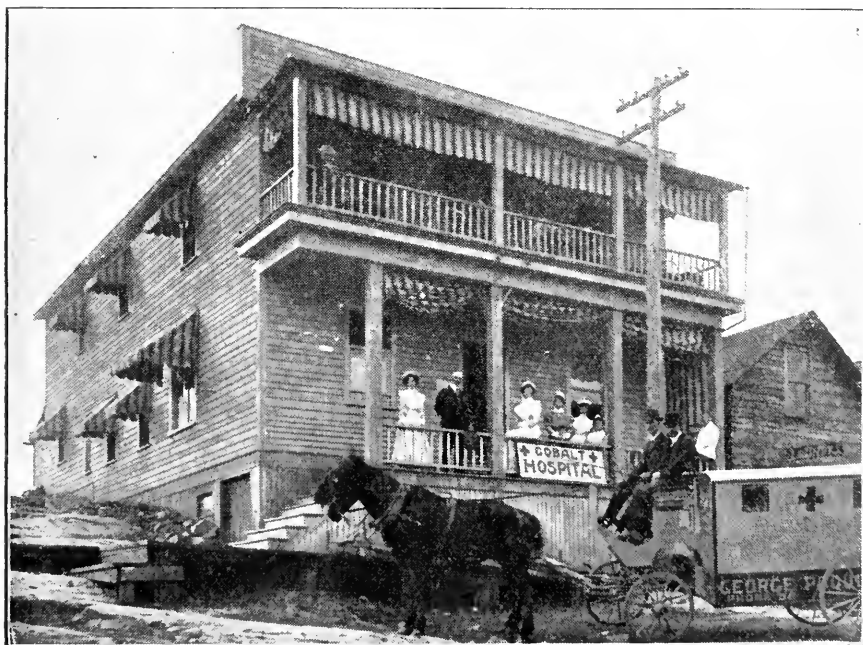
FLORA MADELINE SHAW, R.N.,  
Graduate Montreal General Hospital.



## COBALT RED CROSS HOSPITAL.

The history of the Cobalt Red Cross Hospital is an example of perseverance and determination, in face of difficulties and struggles, which probably few would be willing to encounter. It is owing to the great love for nursing which Mrs. Saunders, the matron, possesses that the institution stands, as it does today, a splendid monument of devotion to her own profession, coupled with a desire to alleviate pain and minister to the physical benefit of sufferers in Cobalt.

It was in 1906 that Mrs. Saunders first took up her abode in the Silver City. A house was rented by her from her brother, and many were the schemes adopted by which even a slight degree of comfort might be given to the afflicted. Nobody



knew that there was a trained nurse in Cobalt, and it was only when an explosion took place on May 18th of the same year that the value of Mrs. Saunders' knowledge and ability was demonstrated. The escape which she herself experienced was such as not to prove by any means an incentive to the average person in proceeding with nursing work. Several tons of dynamite exploded within half a mile of Mrs. Saunders' home, and she had only been out of the house three minutes when the catastrophe occurred. A cloak hastily thrown over her was all that she saved. Nothing daunted, however, she commenced working at a camp with no less than eight of one family in her charge, three of whom were seriously ill.

Since that time—practically the foundation of a nursing institution in the great silver camp—Mrs. Saunders has not

really enjoyed what might be termed a "breathing spell." Patients have all the time been on the increase, and, at first, as sanitary arrangements were anything but up-to-date, the difficulties to be contended with can hardly be realized to their fullest extent.

Assistance was procured from Miss Fitzgibbon, another trained English nurse, and as fever cases were continually being received all the beds were occupied, and the workers had to snatch what little rest they could obtain in hammocks. The first winter brought with it a most arduous task, that of keeping the building properly heated, yet, in spite of numerous handicaps, deaths were comparatively few and far between.

Cobalt's one main cause for anxiety—fire—naturally formed a continual source of fear, for facilities and appliances such as are installed to-day, did not exist at the time referred to. In 1907 Mrs. Saunders, realizing the necessity of increased accommodation, sold out her home and purchased the present building on Silver Street.

During the spring of the present year steps were taken by prominent men of the town, including members of the Council and mine managers, to relieve Mrs. Saunders of much work. The result of this kindly interest is that a staff of three graduate nurses, a secretary, orderly, and cook are assisting her in her noble work.

The important fact is now to be faced that there is by no means ample accommodation, although twenty-eight patients can be treated on an average. There are often very serious cases of typhoid, but no women can be cared for, and consequently they must be sent to New Liskeard, North Bay, or Toronto.

So the Red Cross Hospital is a small but undoubtedly appreciated hospital. Five doctors attend to the patients, but no medical man resides on the premises. There is no out-patient department, and consequently casual accidents happen, which mean quite a lot of extra work. An ambulance outfit is also in operation, under Mr. C. Campbell.

Such is the state of affairs for Cobalt and the surrounding mines. The institution commenced with one bed, and what the absence of the hospital would now mean is a matter which, probably, none knowing the district well would care to contemplate.

In all the work connected with the hospital Mrs. Saunders has not solicited one cent for maintaining it, and the Board of Directors now existing is the outcome of entirely spontaneous assistance. In her exceptional enthusiasm for the work, Mrs. Saunders seemed to forget all else, and it was not by any means before the required time that helping hands were stretched out.

After all these vicissitudes and trials, the credit of what has been achieved is due to Mrs. Saunders. What she has done for Cobalt is only properly realized by those knowing the inside history of the Cobalt Red Cross Hospital.

Charles Hinks.

Cobalt.



The following interesting letter has been received by the Chief Superintendent:

Dear Miss McKenzie,—I enclose the last report that I shall be able to send you before navigation closes for the winter; the steamer that we are expecting hourly and that will take this will not be here again until the middle of next June. As soon as the rivers are frozen solidly enough to be crossed, and there has been a good fall of snow, the dog mail starts, but being dependent upon the weather, it is slow and irregular.

Thank you for the copies of the Victorian Order reports. I was much interested in seeing how wonderfully the work of the Order has increased, and how much good it has done from one end of the Dominion to the other, its help making possible the opening of hospitals which otherwise would have had to remain Chateaux en Espagne. This hospital itself, just one among the many owing a debt of gratitude to the Order, is a proof of how much good can be done and lives saved by prompt treatment. It is pitiful to be told of the number of people once living here who died from lack of the simplest treatment. There are some here that Dr. Hare says would have been dead if I had not been able to treat them during his enforced absence along his four hundred miles of coast. Strangely enough, nearly every time that he is away I have one or more really serious cases, and being unable to reach him by telegraph I have to take all the responsibility. One of the chief attractions of nursing is that one fights and wins the battle with disease and death. One thing that makes these people easy to treat is—nay, two things—their faith in one's powers and knowledge, and the absence of liquor.

I hope my service here will not end yet, for each year we shall be able to extend farther and farther the hospital's sphere of usefulness. I want to train young girls to be more useful at home, giving them a knowledge of cooking, nursing and needle-work. To prove the possibility of improving the dietary by growing vegetables that will mature in this climate and to encourage gardening, I am going to have next year, a flower show, giving prizes for the best vegetables, flowers, loaf of bread, pie, cake,

hooked mat, pair of skin boots, flower box, book-shelf, model of komatik and dogs, hemstitched handkerchief, model of boat with sails and litter of puppies with their mother. This will enable men, women, boys and girls all to compete for something. The books that have been sent to us enable us to stir up a desire to read and to gratify almost any taste. I lend numbers along the coast. The magazines and illustrated papers we give away in large numbers to the schooners that come here fishing in the summer, and also distribute on the coast. The larger sheets paper walls which would otherwise be bare wood, rough hewn, with the wind blowing through. Mrs. Hare and I are expecting to be busy all the winter with our classes for singing, needlework, basket making, night school and preparation for the Christmas entertainment; each child wants to "say a piece."

If I only had for the hospital a baby organ and a magic lantern I should have fewer unsatisfied longings. Pictures convey ideas which words never can to eyes that have never seen any building higher or more solid than a two-storey frame house; have the dimmest idea of what a train is like, know by sight no animals but deer, dogs, foxes and wild birds; to whom gardens, cities, corn fields, orchards, are terra incognita. We could give such illustrated talks if we just had a magic lantern.

I hope that, in the near future, there will be a regular steamer service that will make it possible for you to come and see what we are doing here; this year it has been most irregular—June 12, July 22, August 25, not at all in September, October 6, and some day soon in this month we expect we shall have had the steamer in our harbor. She starts off again as soon as she has landed her freight, so that we do not have time while she is here to answer the mail she brings, so that it is impossible for us to have visitors who have only a limited time at their disposal and must be back on a certain date.

Hoping that you will have a pleasant winter, believe me to be,

Yours sincerely,

Edith Mayou.

Harrington Hospital, Canadian Labrador, Nov. 2, 1908.

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A post-graduate course in District Nursing, four months, is given at one of the Homes of the Victorian Order of Nurses, either in Ottawa or in Toronto. For full information, apply to the Chief Lady Superintendent, 578 Somerset St., Ottawa, or to the District Lady Superintendent, 206 Spadina Ave., Toronto.

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**The U. S. S. Relief.**—"Fleet Week" in Sydney, N.S.W., is the subject of a good article in the *Australasian Nurses' Journal*. There is accommodation on the "Relief" for 200 patients, and the best of accommodation, too. It is the only hospital ship in the U. S. Navy. Everything on the ship was perfect—electric stove, tabloids, sterilizers, and all.

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## The Guild of

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## Saint Barnabas

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“Je le pansay ; Dieu le guarit.” [I tended him ; God healed him.]

—*Ambroise Pare.*

### CANADIAN DISTRICT

**MONTREAL**—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6-15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 6-15 p.m. Last Tuesday, Holy Communion at R.V.H., 6-15 p.m.  
*District Chaplain*—Rev. Arthur French, 158 Mance Street.  
*District Superior*—Miss Stikeman, 216 Drummond Street.

**OTTAWA**—The Cathedral, First Monday.  
*Chaplain*—Rev. Canon Kitson, the Rectory.  
*Local Superior*—Miss L. C. Wicksteed, 494 Albert Street.

**TORONTO**—St. James' Cathedral Rectory, last Friday, 8 p.m.  
*Chaplain*—R. v. Canon Edward A. Welch, St. James' Cathedral Rectory.  
*Local Superior*—Mrs. Welch.  
*Secretary*—Miss Maud Roger, 5 Howland Ave.

On the last Friday in October the Guild of S. Barnabas resumed its meetings for the winter at St. James Cathedral Rectory. Another meeting was held on Friday, December 11th. It is regretted that at both these meetings the attendance was small, and it is earnestly hoped that there will be an improvement in this respect at the future gatherings. The meetings will be held at usual throughout the winter on the evening of the last Friday of the month. At one of the meetings a letter was read from a nurse in Hamilton enquiring about the Guild; we hope that a branch may be started there soon. The next meeting of the Toronto Branch will be held at St. James Rectory on Friday, January 8th, at 8 p.m. It is requested that all the members will make a special effort to be present at this, the opening meeting of the New Year.

Miss Sutton, of the Canadian Nurses' Association, Montreal, has gone to England owing to the illness of one of her sisters.

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Miss McIsaac, E.G.N.A., Supt. The City Hospital, Edmonton.

Miss Mitchell, Supt. R.M.B. Hospital, Vegreville, Alta.

## British Columbia

Miss Judge, V.G.N.A., 811 Thurlow St., Vancouver.

Miss McDonald, Supt. Prov. Royal Jubilee Hospital, Victoria.

Miss Evans, Supt. Kootenay Lake General Hospital, Nelson.

Miss Green, Supt. Gen. Hospital, Golden.

## Yukon Territory

Miss Burkholder, Hospital of the Good Samaritan, Dawson.

## The United States of America

Miss Hodgson, The Lakeside Hospital, Cleveland.

Miss L. L. Rogers, 265 Henry St., New York, N.Y.

Miss Flaws, Supt. Butterworth Hospital, Grand Rapids, Mich.

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Dr. Helen MacMurchy, 133 Bloor St. East, Toronto.

# The Canadian Nurse

VOL. V.

TORONTO, JANUARY, 1909

No. 1

## Editorial

### A HAPPY NEW YEAR.

The Canadian Nurse wishes all her friends a Happy New Year, and many to follow. We hope to be able to do more for our friends and subscribers in 1909 than ever before. The Editorial Board has just concluded an arrangement with the Acton Publishing Co., of Toronto, under which the Editorial Board retains the editorial management and the control of the policy of the magazine, selection of articles, etc., etc., and our publishers take over the business and commercial management. It is felt that the interests of the profession will thus be best served, and we have every confidence that the business management under the Acton Company will be acceptable to all our subscribers, and very successful.

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### YOUR SUBSCRIPTION: DO IT NOW.

One of the last letters received by the editor before handing over the business (which, by the way, was in excellent shape) to the Acton Publishing Company was from Fernie. It was from the Victorian Nurse in charge there, and enclosed her subscription for 1909, with a most kind and cordial letter. From Fernie it came—Fernie, which has passed through such hard times this year. If the nurses at Fernie send their subscriptions so promptly, would you not like to send yours to-day, and save our new business manager much trouble and worry? Do it to-day. Address, as usual, The Canadian Nurse, Toronto.

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### THE NURSING OF THE INSANE.

We have much pleasure in presenting to our readers the first part of a lecture on this subject by an eminent Montreal physician. The lecture was delivered recently before the Canadian Nurses' Association, of Montreal. The care of the insane is a live question with the medical profession and the hospital authorities at the present time. At the eleventh annual convention of the American Nurses' Associated Alumnae in San Francisco in May, 1908, Miss Mary E. May, R.N., who is Superintendent of Nurses at the State Hospital, Rochester and one of the Board of Examiners for Nurses, New York State, presented a paper, in which she advocated that practical nursing of the insane be made an obligatory part of the General Hospital course of training for nurses, and that lectures and instruction in that department be

given not later than the second year of the hospital course. On the contrary, Dr. Burgess, of Verdun; Dr. Clarke, of Toronto; and other authorities, claim that a course should be taken in a hospital for the insane first, and subsequently in a General Hospital. The new Psychiatric wards to be attached to Toronto General Hospital, the Johns Hopkins Hospital, and others will no doubt furnish the best solution of the problem.

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### BEWARE THE BOOK AGENT!

A book agent visited the 400 nurses of Toronto a few months ago. His book was a wretched, useless, imposing compilation, badly printed, badly illustrated, and badly bound. We declined it on sight. But the man was a good book agent. When the office clock heard him talk it stopped. That was not the only harm he did to us. He took out of Toronto \$750.00 of the nurses' good, hard-earned money. One hundred and fifty nurses bought at \$5.00 each. Moral—Never buy a book on nursing unless you have seen it favorably reviewed in *The Canadian Nurse*.

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### Editorial Notes

#### England.

**School Nurses.**—The Education Committee of the London County Council, which has now 32 nurses for 960 elementary schools, with an attendance of 695,000 children, has resolved to appoint five more nurses.

**Guild of St. Barnabas.**—Canadian nurses recently in London had the great privilege and pleasure of attending the Guild at St. John's, in Red Lion Square, and of meeting Miss Autrobus, Mrs. Gardner, Father Russell, and Miss Sidney Browne, R.R.C.

#### Great Britain.

**The Territorial Nursing Service.**—This scheme is making good progress, especially as Miss E. S. Haldane, LL.D., and other influential ladies are doing all in their power to assist organization and create interest in the service.

#### Canada.

**The Canadian Nurse.**—Our friend, Mr. John Ross Robertson, would like to have *THE CANADIAN NURSE* for 1905 and 1906 for the library of the S. C. H. Can any of our readers do us the favor of finding these copies for Mr. Robertson?

#### Holland.

**State Registration.**—The Netherlands Union of Male and Female Nurses has petitioned the Government for State registration. It is understood that the petition was favorably received.

#### New Zealand.

**Military Nursing Service Reserve.**—This service has been



formed in New Zealand, with excellent organization, and much interest is already shown in it.

#### Belgium.

**The Ecole Belge.**—This is the first Belgian School for Nurses and is under the charge of Madame Cavell, who had three years' experience in London hospitals, assisted by two English nurses.

#### Scotland.

**Post-Graduate Lectures.**—This course, open to all graduate nurses in Edinburgh, was inaugurated by a most interesting introductory lecture by Dr. A. H. F. Barbour, the well-known gynaecologist. The doctor's theme was the nurse's character. He went on to emphasize the root qualities of a good nurse: "the gentleness which should be unassociated with weakness, the patience which was the peculiar gift of womanhood, and the reverence which should appreciate knowledge, wisdom, and strength, and not disdain weakness and helplessness." Dr. Barbour has many friends in Canada, the more so as his wife is a Canadian, and daughter of the late Hon. George Brown.

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### Correspondence

Dear Canadian Nurse,—As I have never seen any items from here, have decided to send a few, although one of the other nurses should make a better correspondent. Will also enclose a paper I read at the last meeting of the Trained Nurses' Club. Some letters in the newspapers here prompted me to write it. If only it would make the public understand what nursing is!

The Provincial Royal Jubilee Hospital is nineteen years old. It has a training school and is one of the best known hospitals in British Columbia.

St. Joseph's Hospital (belonging to the Sisters of St. Ann) has also a training school for nurses. In October a large new wing was opened, doubling the capacity of the hospital.

Miss E. H. Jones has a good private maternity home.

Victoria Convalescent Home was opened a few months ago, by Miss Madigan and Miss Saunders, graduates of St. Joseph's Hospital, and Miss Hardie, graduate of P. R. J. H. The Home is beautifully situated on Pandora Avenue, commanding a view of the city and harbour. The rooms are large, well lighted and prettily furnished. It was needed, and is having the success it deserves. They have also the Nurses' Registry, which is proving a benefit to both nurses and doctors.

We have here the Trained Nurses' Club, similar to the Graduate Nurses' Association of Vancouver. Meetings are held monthly, on the first Tuesday afternoon. Business is transacted and frequently a lecture is given by a doctor, always ending with a social cup of tea.

Miss Tolmie, graduate of Provincial Royal Jubilee Hospital, has just returned from an extended trip to Scotland.

Miss Richards, for some time in charge of O. R. in the P. R. J. H., has resigned her position, to take effect December 15th. The Hospital deeply regrets her departure.

Miss Mellon, a graduate of St. Joseph's, has accepted a position in the Sisters' Hospital, Dawson, Y.T.

Hoping this letter will bring us into closer touch with other Canadian nurses,

Yours sincerely,

Ethel Morrison,

Graduate Vancouver General Hospital.

1442 Elford St., Victoria, B.C

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My Dear Canadian Nurse,—I arrived in New York on Tuesday morning and reached Fordham without any difficulty. I expect to enjoy the work here although I can scarcely tell yet until I have seen more of it.

Fordham is very beautifully situated just beside Bronx Park and I can scarcely believe that this is really New York, everything about us is so quiet.

The hospital buildings are all new and have been occupied for a little over a year. The patients are all charity patients, I believe; there are no private wards at all. Fordham is an ambulance hospital and tries to do all the ambulance work in this district. So I understand the surgical work here is especially good.

The nurses are all graduate nurses with the exception of a group of six from Dansville, who take one year of their training here. Almost half are Canadians, a number being from the Sick Children's Hospital and the Home for Incurables in Toronto.

The Superintendent spoke to me the day I arrived, about a special course of six months, which is to be instituted here almost immediately, for nurses who wish to take up hospital work permanently.

I remain, yours sincerely and gratefully,

G. L. R.

Fordham Hospital, New York, 1908.

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### A LETTER FROM FERNIE.

Dear Canadian Nurse:

Dear to all loyal Canadian nurses is our little magazine. We wish you every success for 1909.

We enclose our subscription for 1909, with every good wish.

The people here are perhaps poor, but seem very hopeful, and all are busy home-making. The weather is very favorable for building, not very cold, and as yet but little snow, the latter condition most unusual for Fernie.

Sincerely yours,

A. A.,

V.O.N. Nurse for Fernie District.

## My Scallop-Shell of Quiet

GIVE me my scallop-shell of quiet,  
My staff of faith to walk upon,  
My scrip of joy, immortal diet,  
My bottle of salvation,  
My gown of glory, hope's true gage;  
And thus I'll take my pilgrimage.

Blood must be my body's balmer;  
No other balm will there be given:  
Whilst my soul like quiet palmer  
Travelleth toward the land of Heaven:  
My soul will be a-dry before,  
But, after, it will thirst no more.  
—Sir Walter Raleigh.

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### SPIRITUAL STRENGTH.

One of the most serious losses which befall man is the loss of freshness of spirit in dealing with the manifold relationships and duties of life. With the lapse of time there is always danger that the first zest and zeal will pass, and leave us servants of duty or slaves of routine. Joy and enthusiasm fold their wings, and we walk wearily where we once passed with swift and victorious movement. Our business becomes drudgery, our duties onerous, our relations of affection lose the charm of sentiment. There are always a few rare natures who escape the decay which despoils the bloom of life, and carry with them into noon and evening the freshness and splendor of the morning. These are, by virtue of this quality, our guides and inspirers; they continuously renew for us and in us the early vision, the pristine beauty of living. They show us again the glory we once saw in the sky, the dignity and nobility which life wore for us before care and selfishness had impaired our finer perceptions.

The secret of perpetual freshness in a human soul, of renewing life each day in the beauty of the first creation, lies in the clear and permanent perception of the great spiritual forces and truths of which all visible things are the symbols and revelation. Those incessant demands upon our life which at times almost drain it to the last drop—met simply from a sense of obligation, without the abiding consciousness of their spiritual significance, deplete and exhaust us; but met with the clear insight which discerns the growing purpose of God behind them, they become transformed and radiant with prophecy and promise; the drudgery of the day is no longer drudgery when one sees in it the slow unfolding of a great new thought for one's life.

H. W. Mabie.

# Official Department

## ALUMNAE ASSOCIATION, TORONTO GENERAL HOSPITAL.

President—Lucy Bowerman, 349 Sherbourne Street.

First Vice-President—Ida Beam, 728 Spadina Avenue.

Second Vice-President—Annie Hartley, T.G.H.

Recording Secretary—Miss Lindsay, T.G.H.

Corresponding Secretary—Ida L. Burkholder, 728 Spadina

Treasurer—Marion E. Hall, 18 Earl Street.

Board of Directors—A. J. Scott, Grace Hospital; M. Tweedie,

53 Langley Avenue; Edith Hargraves, 146 Winchester Street.

### Conveners of Committees:

Sick Visiting—Elizabeth Field, 505 Sherbourne Street.

Registration—M. E. Christie, 19 Classic Avenue.

Programme—Mrs. Feeney, 44 Willcocks Street.

Social and Lookout—Miss Richardson, 551 Sherbourne Street.

Press—S. Caroline Ross, 1 Selby Street.

Central Registry—Miss Purdy, 551 Sherbourne Street; H. Fralick, 728 Spadina Avenue.

Canadian Nurse Representatives—Bella Crosby, 62 Isabella Street; Lucy Bowerman.

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## ANNUAL REPORT OF THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO

For the year ending Oct. 15th, 1908.

Officers for 1908-09: Miss M. Barnard, President; Miss A. Clarke, 1st Vice-President; Miss L. Adams, 2nd Vice-President; Miss A. Robertson, Recording Secretary; Miss B. Goodall, Corresponding Secretary; Miss M. Wilson, Treasurer; Miss M. Gray, 505 Sherbourne St., Secretary for "Invalid Cookery"; Misses M. Hally, E. Jamieson and M. Ellington, Directors; Miss J. Hamilton, 608 Church St., Convener of General Business Committee; Miss Sales, Miss McQuaig and Miss J. Gray.

### Secretary's Report.

The year closed with a membership of 72, including eight new members this year.

There were nine meetings held during the year, which were fairly well attended.

The thanks of the Alumnae Association are due Miss Brent for a talk and demonstration re preparing for operation in private house, which was most instructive, also her paper on "Registration"; also to Miss F. Potts for an excellent demonstration given in the hospital, which was greatly appreciated by the nurses present—many from other schools.

Mr. J. R. Robertson with his usual generosity made it possible for our Association to be represented at the National Nurses'

Association held at Ottawa. Miss J. Hamilton was chosen as the delegate.

The amount received from the sale of "Invalid Cookery" goes to the Sick Benefit Fund of our Graduate Nurses. One hundred and forty-nine copies have been sold during the last year; we have still about 300 on hand—send your order and it will be promptly attended to, to Miss Mary Gray, 505 Sherbourne St.

The report of the treasurer, Miss Margery Wilson, showed receipts \$144.47 and expenditures \$71.76. In the Sick Benefit Fund there remains a balance of \$53.63.

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### THE ALUMNAE ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers for 1908-9: Hon. President, Miss Morton; President, Miss G. Morrison; First Vice-President, Miss P. J. Cottrill; Second Vice-President, Miss Ella Baker; Secretary, Miss J. E. Carr; Assistant-Secretary, Miss E. M. Dawson; Treasurer, Miss M. M. Redmond.

Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the Board Room of the Hospital.

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### MILITARY ORDERS, 1908

No. 191.—20th October, 1908.—The following appointments, promotions, retirements and confirmations of rank are promulgated to the Militia by the Honorable the Minister of Militia and Defence in Militia Council.

Army Medical Corps.

To be a Nursing Sister: Miss Laura Elizabeth Eaton, to complete Establishment. 17th September, 1908.

By command.

F. L. Lessard, Col.,

Adjutant General.

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### NURSING SERVICE OF THE TERRITORIAL FORCE.

#### THE REGULATIONS.

The following Army Order has been issued from the War Office in London.

1. The Nursing Service of the Territorial Force is formed for the purpose of maintaining a staff of nurses willing to serve in general hospitals in the event of the embodiment of the Territorial Force.

2. Rolls will be kept of matrons, sisters, and nurses who are willing to serve in the hospitals to which they are located.

## ESTABLISHMENT.

3. Nursing staffs will be required for 23 general hospitals, which will be formed as follows: One each at Aberdeen, Edinburgh, Newcastle-on-Tyne, Leeds, Sheffield, Manchester, Liverpool, Lincoln, Leicester, Birmingham, Oxford, Cambridge, Cardiff, Bristol, Portsmouth, Plymouth, Brighton, two at Glasgow, and four at London.

4. Each staff will consist of 91 nurses, and no larger number will be called up for duty in time of imminent national danger; but in order to ease liability for duty, and to suit the special conditions of the nursing profession in civil life, the number of nurses borne on the roll of each hospital will be 120.

The ranks of the 91 nurses to be called up for duty will be one matron, 22 sisters, and 68 nurses.

The ranks of the 120 nurses borne on the roll will be two matrons, 30 sisters, and 88 nurses.

## ADVISORY COUNCIL.

5. In order to provide for the establishment of a similar system of control in each hospital, an Advisory Council has been appointed.

The Advisory Council will frame rules for the admission of nurses into the Nursing Service, and will make such recommendations as may seem necessary for the administration of the service, and for the appointment of matrons, sisters, and nurses thereto.

6. The roll of sisters and nurses for each hospital will, after revision by the Local Committee (*see* paragraph 7), be forwarded each year to the Advisory Council, who will have the power of removing from the roll, after full inquiry, the name of any member who may prove to be unsatisfactory.

## LOCAL COMMITTEES.

7. It is recommended that a Local Committee should be formed at each hospital centre, to receive the names of nurses wishing to join the service. The Committee should consist of ladies representative of the area which the hospital is intended to cover, and should include an "organising matron," matrons and superintendents of the principal hospitals and larger nursing institutions in the area, and any other ladies interested in nursing and likely to be in touch with suitable nurses. Representatives living at a distance would not necessarily attend the Committee meetings unless they wish to do so, and their travelling expenses would not be paid from public funds, but they would be able to see the nurses living in their neighbourhood and to forward their names to the organising matron. The main duties of a committee would be to enroll the sisters and nurses who are willing to serve in case of invasion, to revise the roll annually, to submit the names of the matrons whom they recommend for appointment to the Territorial Force Hospitals, and to serve as a nursing committee in time of war.

In nominating candidates for the appointment of matron, and

in enrolling sisters and nurses, Local Committees will be guided by the instructions laid down in paragraphs 9 to 11.

#### ORGANISING MATRON.

8. It is suggested that the organising matron in each district should, if practicable, be a co-opted member of the County Association of the area in which the hospital is situated, for the purpose of advising, when required, on nursing matters; or should at any rate be invited to attend meetings of the Association at which those matters are under discussion.

#### CONDITIONS OF APPOINTMENT.

9. A candidate for appointment as a matron must have held a responsible post in a civil hospital either as matron, assistant matron, or sister, and must be willing to be called up for training in a military hospital for seven days every alternate year. The number trained per annum will not exceed thirteen.

10. A candidate for enrolment as sister or nurse must have had three years' training in a recognised hospital or infirmary, and in the case of a candidate employed in a hospital the consent of her matron must be obtained. A sister or nurse must not be under 23 years of age at date of enrolment.

11. A candidate, whether for appointment as matron or for enrolment as sister or nurse, will be required to fill in the form of application which will be supplied to the Local Committees by the Advisory Council, and also, if her services are accepted, to sign a declaration of willingness, in the event of the embodiment of the Territorial Force, to serve if called on in the hospital to which she has been allocated. She will also be required, on January 1 in each year, to notify to the organising matron of the Local Committee, on a form which will be supplied, particulars as to her employment during the preceding year, as well as any change in her address.

#### DISCIPLINE.

12. Sisters and nurses when on duty in a Territorial Force hospital will be required to conform to the ordinary discipline of a civil hospital and to such military rules as may be necessary.

The nursing staff will be under the control of the matron, who will arrange the duties and work of each member.

#### RETIREMENT.

13. A sister or nurse will be required to retire at the age of 50, a matron at the age of 55.

#### UNIFORM.

14. A distinctive badge will be issued to members, which will be returned on their leaving the service. No other uniform or allowance in lieu will be issuable in time of peace.

When called up for duty on mobilisation, sisters and nurses will wear a special cap and cape in addition to their ordinary indoor uniform; these will not be worn except on mobilisation.

The several ranks will be indicated by distinctive stripes upon the sleeve.

#### EMOLUMENTS OF MOBILISATION.

15. Charge pay will be granted to a matron or sister on the undermentioned scale:—

	Per annum.
If in charge of 300 beds and over .....	£30
If in charge of from 200 to 299 beds .....	25
If in charge of from 100 to 199 beds .....	15

16. A member of the Territorial Force Nursing Service employed in a Territorial Force military hospital on mobilisation will also, on the cessation of her employment from causes beyond her own control, receive a gratuity, provided that she is certified by the Administrative Medical Officer under whom she has served to have rendered satisfactory service. If her employment has extended beyond one year she will be granted under the same conditions and at the same rates a further gratuity for every complete year of further service, broken periods to be calculated accordingly. If she has relinquished her employment for reasons not satisfactory to the Army Council, she will forfeit her title to a gratuity.

The following will be the rates of gratuities: Matron, £15; sisters, £10; nurses, £7 10s.

17. When called up for service on mobilisation, and on the termination of such service, members will be entitled to their travelling expenses between their place of residence and the hospital.

#### EMOLUMENTS OF MATRONS DURING TRAINING.

18. Matrons called up for training during peace will, except as provided in paragraph 14, receive army pay and allowances at minimum rates, and will travel at the public expense.

**Send in your Renewal without delay. See our offer on inside back cover. :: :: ::**



## Hospital and Training School Department

The Waterloo Chapter of the Daughters of the Empire are to support a Victorian Order nurse in Galt for the winter months.

A Victorian Order nurse is to be stationed in Brockville, Ont. One of the public-spirited citizens has offered to pay all the expenses for six months.

The Cobalt Red Cross Hospital has now a Board of Directors. The board consists of the Mayor, Mr. Lang; the Reeve of Coleman Township, Mr. Ferland; Rev. Father O'Gorman, Rev. J. D. Byrnes, Mr. R. P. Rogers, Mr. R. Bryce and Mr. R. S. Heakes. Mr. R. P. Rogers of the Coniagas mine is president and Mr. R. W. Mackan secretary.

Mr. Ferland, Reeve of Coleman Township, has forwarded on behalf of the Council, a check for \$100.00. The Town of Cobalt has allowed the hospital the taxes for last year and the Cobalt Light and Power Company, through their manager, Mr. R. L. Cody, contributed \$25. Mr. R. L. Jewett, of the Jewett Juengling Syndicate, generously donated \$25 to the hospital funds.

Recently a public meeting was held under the chairmanship of Mr. Fralick of the Cobalt Lake Company, and those present included Mayor Lang, the Reeve of Coleman Township (A. Ferland), and representatives from the following mines: Nipissing, Coniagas, Buffalo, Drummond, O'Brien, Silver Queen, Trethewey, Cobalt Lake, Right of Way, Nova Scotia, Kerr Lake, Beaver, Badger and McKinley-Darragh.

The following is a report of the work at the Cobalt Red Cross Hospital during November and also a list of donations received: On book from October, 19; new patients admitted, 36; recovered, 37; deaths, 2; medical, 38; surgical, 17; diphtheria, 1; discharged, 41; remaining on books, 22. New couch, Mrs. H. Magner; milk, Mrs. Lang; cakes and fruit, Mrs. Jno. Harris; fruit, Mrs. Presley; magazines, Mrs. Carr; several baskets tomatoes, Mrs. Howard Campbell; flowers harvest festival, English Church and Presbyterian Church; barrel of apples, Mrs. Carr; magazines, Mrs. Mackan.

The Canadian Nurses' Association.—The Executive Committee of the Canadian Nurses' Association announce the following course of lectures for 1908 and 1909: December—Dr. T. J. Burgess, "Insanity and the Nursing of the Insane"; January—Dr. H. D. Hamilton, "Practical Points on the Nose and Throat"; February—Dr. McCrae, "Infectious Diseases"; March—Dr. Ritchie-England, "Reproduction"; April—Dr. H. M. Little, "Obstetrics." The lectures will be given in the Medico-Chirurgical Rooms, 112 Mansfield Street. The meeting will be called to order at 7.30 p.m.

The monthly meeting of the Canadian Nurses' Association, Montreal, was held on Tuesday, December 1st, at 8 p.m. Miss Baikie, the president, presided. Eight candidates were presented

for membership. There was a very large attendance of nurses, owing most probably to the lecturer and nature of the lecture for the evening. Dr. T. J. W. Burgess, superintendent of the Insane Asylum, Verdun, gave a most interesting and instructive lecture on "Insanity and How to Nurse the Insane." We could not begin to tell all the Doctor disclosed to us, but we are sure we shall benefit greatly in our sphere of work by the good advice and many practical points brought before us. This lecture will appear in *The Canadian Nurse* and we trust its readers will appreciate it as much as the members of the Canadian Nurses' Association. After a half-hour chat and social cup of coffee, the meeting was brought to a close.

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### A GREAT DAY.

The Nurses' Day at the Pan-Anglican Congress in London, was a great day. Great in numbers, great in inspiration, great doubtless in results. The meeting was set for 2.30, in the Hall of the Church House, but by 12.30 the approaches were already full, and there was an overflow meeting arranged at which the same speakers appeared, the chair being taken by the Bishop of Sierra Leone.

Never before, it is supposed, did so large a number of the profession meet. The thank-offering, which should be spoken of somewhat as our Lord spake of the Widow's Mite, for nurses have not much money, was one thousand dollars, and was presented by ninety nurses, representing forty different hospitals. Bishop Montgomery, the originator of the Congress, presided, and there were three great things said. The Bishop of Rhode Island said that the Church now realized that nothing was common or unclean, but that vocation enters into every life lived at its best—the doctor's, the lawyer's, the mother's, the nurse's. Dr. A. H. Griffith, of Arabia, said he had been asked to speak on the "Place of the Nurse in the Mission Field," but all his soul was taken up not with her place, but with the great need of her services. Mrs. Douglas Hooper, L.R.C.P. & S., Edin., said that if nurses met ingratitude they should remember that God Himself said, "Thank you" for every cup of cold water they gave and every office they performed. We do not all belong to the Church of England, though many of us do, but whatever church we call our own, there is none of us but has a share in this great gathering, nor one who will not live better because of it. The concourse itself, the unity, the love and charity shown, more than the words of the eloquent speakers, are the sacred possession and pride of the profession.

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### VICTORIAN NURSES.

A dinner in aid of the Queen Victoria Jubilee Institute for Nurses was held in the Banquet Room of the Hotel Cecil, recently,

the Duke of Portland presiding. This is a very favorite way in London of attracting public attention, enlisting public sympathy and securing funds. It was a pronounced success, the company being large and distinguished, and no one enjoyed the proceedings more than the matrons and nurses of the Institute, who watched the proceedings from the gallery.

The toast of "The King" having been drunk, in proposing the health of Queen Alexandra, the Duke of Portland happily quoted Her Majesty's words when she first met the nurses:

"I have always taken the most sincere interest in nurses and nursing, and it affords me heartfelt satisfaction to be associated with you in your labors of love and charity. I can, indeed, imagine no better or holier calling than that in which you are engaged of tending the poor and suffering in their homes in the hour of their greatest need.

"I pray that God's blessing may rest upon your devoted and unselfish work, and that he will have you all in His holy keeping."

The toast of the evening was "Success to our Cause," and the Duke, in proposing it, said that the Jubilee Institute was one of the finest and most practical forms of philanthropic work. He trusted it might never be said that the people of this country through carelessness, indifference, or selfishness, turned a deaf ear to the pleadings of pain, distress and poverty. Mrs. Humphrey Ward, in speaking to the same toast, referred to the work of our own Victorian Order of Nurses in Canada, and said that another motive for supporting the Institute was to keep green the memory of the great Queen who founded it.

**Send in your Renewal without delay. See our offer on inside back cover. :: :: ::**

## The Nurse's Library

Vol. I. of "Primary Studies for Nurses," by Miss Charlotte enlivens her pages with ideas and quotations not often found in A. Aikins, will be ready this month, and will be welcome.

The special numbers of the Canadian Pictorial this year for the Tercentenary, Thanksgiving Day, and Christmas Day have been a great credit to the publishers, and a pleasure to all their subscribers. The Canadian Pictorial is a good magazine to send to friends at home or abroad. Montreal: Ten cents a copy. One dollar a year.

An indispensable book for a nurse's library is a Medical Dictionary. The fourth (1908) edition of Gould's Medical Dictionary (P. Blakiston's Sons and Co., Philadelphia) contains 30,000 words. A quarter of a million copies of Gould's Medical Dictionaries have been sold, and the book is a most convenient and valuable one.

One of the few books in which is to be found both inspiration and information is "The Economics of the Household," by Mrs. Creighton (London: Longmans, Green and Co., 4s.) The gifted author, the widow of the late Bishop of London, gave a course of lectures to the teachers of domestic economy under the London County Council, "to bring the teachers into contact with some of the thought and knowledge with which their subject is concerned." The book contains these lectures: On "The Family," "Waste," "Saving," "Expenditure." They are interesting and helpful and fresh, charming in presentation.

"Common Affections of the Liver." W. Hale White, M.D. (London: James Nisbet and Co., 4s. 6d.) The well-known and eminent physician of Guy's Hospital has, fortunately for us all, published his clinical lectures in this little volume. A subject on which the ideas of most nurses are misty is that of diseases of the liver, and this book is so clear, practical, and up-to-date, as well as being adapted for use in any part of the world, that it will be of great benefit.

"Your Child's Health," John Grimshaw, M.D., B.S., D.P.H. (London: J. and A. Churchill, 2s.) For school nurses to use themselves, and to recommend to mothers and fathers, teachers and others, this book of medical notes and information is excellent. In an introduction, Sir James Barr heartily commends the book and congratulates the author on the spirit of help he has.

"Eyestrain and Eyesight," John Grimshaw, M.D., D.P.H. (London: J. and A. Churchill, 1s.) This is a capital book. Written for the general public, it is especially valuable for the parent, the teacher, and the publicist. There is no subject of public and personal importance in regard to the general care of the eye which is not well and helpfully dealt with here.

"Plainer Fare and Less of It," by Alice Braithwaite, 45 West End Avenue, Harrowgate, Eng. (Published by R. J. James, Paternoster Row, E.C., 2s.) This book is as interesting as a novel, and entirely practical. There are recipes besides, and the author such a book. The chapter "On Sitting Still" is one of the best

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in the book. A nurse would not only read this book herself, but lend it to a patient or two.

"American National Red Cross Text-Book on First Aid and Relief Columns." Prepared by Major Lynch, Medical Corps, U. S. Army. (Philadelphia: P. Blakiston Sons and Co., \$1.00.) This is a new, attractive, and excellent American text-book on Red Cross and relief work, with a preface by Surgeon-General O'Reilly. It tells admirably how to prevent accidents and what to do for injuries and in emergencies.

"Good Health," by Frances Gulick Jewett. (Boston: Ginn and Co.) This is one of that excellent series of Hygiene Text-books known as the Gulick Hygiene Series. For use in schools it is one of the best books we have seen. It is sensible, accurate, and clear. It has been recommended for use in Ontario schools. There is a good bibliography, but no index.

"The Care and Nursing of the Insane," by Superintendent Baily, of the Hanwell Asylum. (London: The Scientific Press.) Dr. Baily's lectures to the nurses on his staff are here reproduced. The subjects dealt with are anatomy, physiology, general nursing, and the nursing of the insane.

"Hygiene for Nurses," by Isabel McIsaac. (Toronto: The MacMillan Co., of Canada, \$1.25.) It is a great pleasure to see another text-book for nurses written by a nurse, and that nurse Miss McIsaac. We cannot speak too highly of this book as a practical work. Six chapters deal with the general foundations of hygiene, then we have personal, household, and school hygiene, occupational hygiene, and, finally, disinfection and quarantine. All nurses should have it.

"Essentials of Dietetics in Health and Disease." A text-book for Nurses and a Practical Dietary Guide for the Household, By Amy Elizabeth Pope, Instructor in Practical Nursing and Dietetics in the Presbyterian Hospital School of Nursing, Instructor in Dietetics in the School of Nursing of the New York Hospital, Mt. Sinai Hospital, and Smith's Infirmary, Staten Island, and Mary L. Carpenter, Director of Domestic Science for the Public Schools, Saratoga Springs, N.Y. (New York and London: G. P. Putnam's Sons, The Knickerbocker Press. 1908. Price \$1.75.)

"The Essentials of Dietetics" is a book which has been much wanted, and we heartily congratulate the two nurses who have presented the profession, in this book, with the results of years of careful study, instruction of others, and thought upon their own work. The book is a mine of information, and will be found of great help in training schools and in all nurses' libraries. We heartily commend it to our readers.

We are indebted to the publishers, Messrs. G. P. Putnam's Sons, of New York, for a copy of the latest reprint of "Practical Nursing," by Anna Caroline Maxwell and Amy Elizabeth Pope. (\$1.75.) It was published in August, 1907, reprinted once in 1907, and three times in 1908. It deserves all its success, and we have much pleasure in repeating emphatically all we said in its favor on its first appearance.

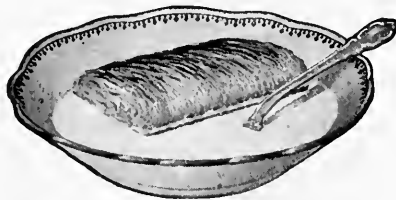
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## PERSONALS.

Miss Irene Norcross has returned from Duncans, Vancouver Island, to take up private nursing in Vancouver.

Miss Elliott (W. G. H.), for seven years Charge Nurse in the O. R. Vancouver General Hospital, has resigned.

Miss Boyce, of the Canadian Nurses' Association, Montreal, is spending the winter with her mother at Norham, Ont.

Miss Cunningham, Head Nurse at the Royal Columbian Hospital, New Westminster, has handed in her resignation.

Miss Irene Norcross (V. G. H.), who has been doing private nursing in Duncans, B.C., is working in Vancouver this month.

Miss Rose (V. G. H.), late Night Superintendent Vancouver General Hospital, has accepted the post of Charge Nurse O. R. in the same hospital.

Miss A. F. Jeffrey, Lady Superintendent of the Galt Hospital, Lethbridge, Alberta, has resigned. The resignation takes effect on January 1st, 1909.

Miss Robertson (V. G. H.), Charge Nurse Isolation Buildings, will take the post of Night Superintendent in the Vancouver General Hospital on the first of January, 1909.

Miss Mitchell, formerly Superintendent of the Roland M. Boswell Hospital, Vegreville, Alberta, is now residing at 4253 Wabash Avenue, Chicago. Her many friends, and especially all connected with The Canadian Nurse, are anxiously awaiting her return to Canada. We can hardly spare Miss Mitchell to any other country, even to the United States.

The president of the American Hospital Association has appointed Dr. Henry Hurd, of Johns Hopkins; Dr. Babcock, of Grace Hospital, Detroit; Dr. Washburn, of Massachusetts General, Boston; Miss Riddle, of Newton Hospital; Miss Keith, of City Hospital, Rochester; and Miss C. A. Aikins, of Detroit, as the Committee on Training Schools and Courses of Study for Nurses.

An Alumnae Association has been organized in connection with the Vancouver General Hospital Training School for Nurses, Vancouver, B.C. At a meeting held December 1st, the following officers were elected for the ensuing year: Hon. President—Miss Macfarlane (Lady Superintendent V. G. H.); President—Miss Roycroft; Hon. 1st Vice-President—Mrs. Hart (nee Miss Clendening, T. G. H.); 1st Vice-President—Miss Robertson; Hon. 2nd Vice-President—Mrs. Salsbury (nee Miss Turner, T. G. H.); 2nd Vice-President—Mrs. Alexander; Secretary—Miss Hart, 2240 Westminster Ave., Vancouver, B.C.; Treasurer—Miss Beharrel. These officers together with three other members constitute an Executive Committee. Meetings to be held the first Tuesday of each month at 8.30 p.m. in the lecture room of the Vancouver General Hospital.



# PNEUMONIA

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**I**N PNEUMONIA the inspired air should be rich in oxygen and comparatively cool, while the surface of the body, especially the thorax, should be kept warm, lest, becoming chilled, the action of the phagocytes in their battle with the pneumococci be inhibited.

## *Antiphlogistine* (Inflammation's Antidote)

applied to the chest wall, front, sides and back, hot and thick, stimulates the action of the phagocytes and often turns the scale in favor of recovery.

It is an acknowledged fact, as declared by a well known medical teacher and author in his latest text-book on treatment, that "heat applied and persisted in over the entire diseased area is a most potent and physiological antagonist to those essential conditions which are directly induced by the causes of the disease, and from which all ultimate pathologic results must develop. It is profoundly stimulating, and while local heat from undue combustion is present, the applied heat stimulates the capillaries and physiologically unloads the venous capillaries. At the same time it stimulates the arterial capillaries through its influence upon the peripheries of the nerves and secondly upon the nerve centres, to drive the accumulating tide through the engorged vessels, thus unloading them into the veins. It thus carries off the accumulating waste, brings into the capillaries a new tissue supply and quickly remedies the harm that has been done them in the primary congestion.

"It is a most rational procedure. It is logical, it is reasonable, it is physiological and it is highly scientific. And such a course is always acceptable."

### CROUP

Instead of depending on an emetic for quick action in croup, the physician will do well to apply Antiphlogistine hot and thick from ear to ear and down over the inter-clavicular space. The results of such treatment are usually prompt and gratifying.

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The graduating exercises of the Vancouver General Hospital were held in the Lecture Room in the Nurses' Home, November 10th. Mr. Salsbury occupied the chair while a short programme was presented, while Dr. Monro presented the diplomas and the medals were pinned on by Mrs. Wm. Murray. A special gold medal presented by the donor, Dr. R. E. McKechnie, for general proficiency, was won by Miss Beharrell. Dr. Brydone-Jack in his address to the graduating class gave a speech overflowing with good cheer, hearty congratulation and kindly advice to the successful nurses, who were: Mrs. Alexander, Eburne, B. C.; Miss Ruth Fraser, Vancouver; Miss Mary Wilson, Vancouver; Miss Mary Beharrell, Miss Matilda John, Victoria, B.C.; Miss Mabel Scott, Qu'Appelle, Sask.; Miss Jessie Hart, Vancouver; Miss K. MacLeod and Miss Constance Daykin, Armstrong, B.C. A reception and dance followed at which about one hundred and fifty guests helped to make it a gala evening for the nurses.

On November 18th, twelve of the Alumnae of the V. G. H. met, by Miss Macfarlane's invitation, at the Vancouver General Hospital to spend a social hour and discuss the advisability of forming an Alumnae Association. The matter was eagerly taken up, a constitution framed and a meeting called for the nomination of officers on December 1st. On Tuesday, December 1st, a larger number were present; the constitution was adopted and the following officers were elected by acclamation: Miss Macfarlane, Superintendent of Nurses, Hon. President; Miss Roycroft, Class 1900, President; Miss Robertson, Class 1906, 1st Vice-President; Mrs. K. Alexander, Class 1908, 2nd Vice-President; Miss J. Hart, Class 1908, Secretary. Mrs. J. B. Hart and Mrs. W. F. Salsbury, both former superintendents of the school, were made honorary members; also Miss A. E. Rodd, assistant superintendent. The treasurer and other members of the Executive have still to be elected. This is the first nurses' Alumnae Association in the province, and much is hoped for and from the Alumnae Association of the Vancouver General Hospital.

#### MARRIED.

Montague — Douglas. — On October 1st, at Georgetown, Wash., U.S.A., Miss Bessie C. Douglas (Class 1905, V. G. H.), to Mr. George B. Montague, Georgetown.

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#### WELLAND HOSPITAL.

Dr. R. W. Bruce Smith, the Provincial Inspector of Hospitals and Charities, has just made a visit to the Welland Hospital, now almost completed, and we are indebted to the President, Mr. Phin, for extracts from his report, as follows:

"A Hospital Trust was formed at Welland last year, and under the direction of the Board plans were prepared for the erection of a building on a site donated for the purpose and convenient to an electric railway, which will render the hospital very accessible to the surrounding country. When prepared the plans were sub-



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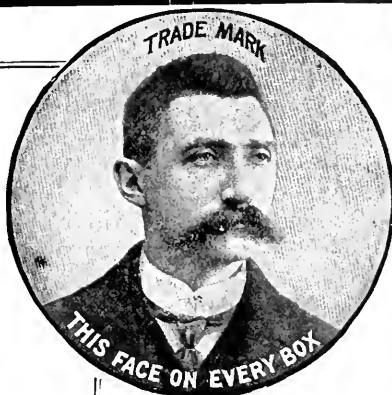
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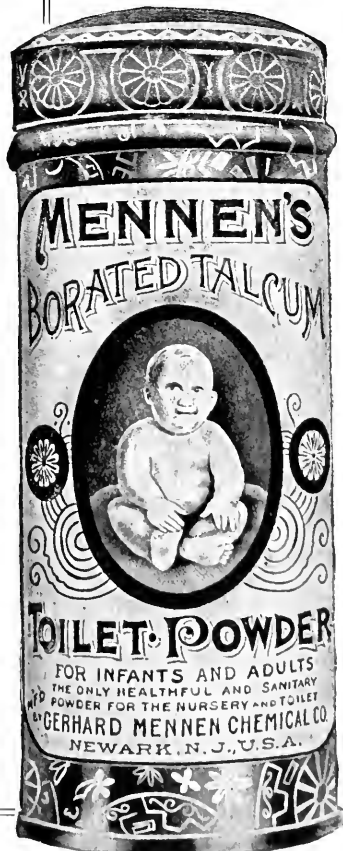
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mitted to the Department and duly approved of. During the past year the building has been erected and is now about completed.

"On inspection, I found that the plans and specifications of the architect had been carefully carried out, with most satisfactory results. The building is 40x80, three storeys in height, with a basement, in which will be located the kitchen, laundry, dispensary, cold storage, dining rooms, boilers and coal room. The plans of the first and second floors provide suitable public, private and semi-private wards, operating room, and their accessories, diet kitchen, lavatories, etc. There are also spacious verandahs from the first and second floors, which will, no doubt, be of great advantage to the patients. The upper floor is suitably divided to provide quarters for the staff. All the halls, wards and rooms are spacious and well lighted. The system of ventilation should prove satisfactory, and is the same as has met with approval in several institutions. The floors are of hardwood on three flats, and the woodwork of doors and casements is also of hardwood. The whole building has been well constructed, and the trustees are to be congratulated on the result. Welland will very shortly have a hospital with accommodation for thirty patients, and the cost of erection has been much lower than is generally paid for such a building. When equipped and furnished with the requisites for a hospital, this institution will compare most favorably with any town hospital in Ontario, and is likely to prove most useful not only to the people of Welland, but to the surrounding municipalities.

"My visit of inspection impressed me most favorably in regard to the excellent building and the good value received for the money expended up to date in erection.

"The trustees expressed their intention of having the hospital open for the reception of patients early in January next, when recommendation will be made to have the institution placed on the list of public hospitals in Ontario receiving Government aid, in accordance with the Charity Aid Act."

### **Reasons Why You Should Support the Welland County Hospital.**

1. We have a thirty-bed hospital, which the Provincial Inspector of Hospitals says is the best hospital in the Province for the money, and it is no cheap building either, but right up-to-date.

2. It has cost, allowing a fair price for the site, which was donated by Messrs. Morwood and Rose, Welland, with equipment, about \$22,500, or about \$750 per bed. It is generally granted that a hospital will cost \$1,000 per bed, and oftener than not they run \$1,200 or \$1,500 per bed. This saving was effected by having good architect's plans and also on account of the lower cost of building.

3. The Board are personally responsible for a debt of \$10,000. We need \$5,000 at once to put it on a good financial basis.

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is an entering wedge. It has a *weakening* effect. Neglect, or only half cure *it*, and a worse cold or even pneumonia may follow.

Cure it the *right way* and you gain greater resistive power at the same time.

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is the *right* cure. It breaks up and drives a cold from the system. But it does more; it builds up your *vitality* and strengthens you against further attacks.

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4. This is a county hospital, and as it is situated close to the trolley line will be easily available from all parts of the country.

5. Did you yourself ever have to journey to a distant city to obtain hospital accommodation? Far from your friends, and surrounded by strangers, or did you ever have to send your children or friends? How much better if you can have them, at such a time, close at home. Who knows when your turn may come?

6. There is a population of 15,000 in and tributary to Welland, and it is estimated that 3,000 of these are boarding or have poor home accommodation, such as shacks or two or three rooms. What would you do if you took ill under such conditions, especially if you were far from your friends? Send your help to help such people when ill or injured.

7. It is important that everyone give something, if only a little. If you are not able to give dollars, give cents. Your name will be down on a canvasser's list. Do what you can.

8. There are hundreds of reasons why you should give, but why keep on talking? You are a fair-minded British subject.

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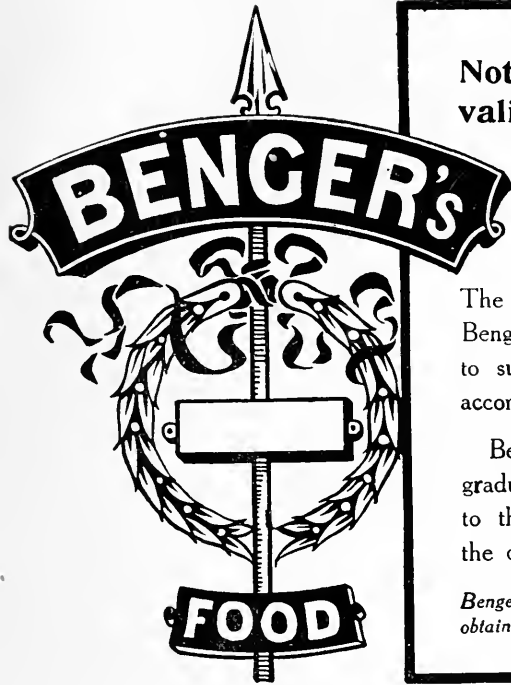
Unison means taking individuals, strong, weak and intermediate, and harmonizing them by adjusting the minds of all of them to a common ideal and then keying their minds to a common willingness to unite on the same means for the achievement of that ideal. The women of our associations should have for their ultimate aim the obtaining of the same social, financial and professional recognition given to men. To a very large degree nurses are not in competition with men, because men seldom enter into the nursing profession, except to nurse an individual man or certain cases among men, so we have this profession practically to ourselves—this field is ours. Often we say women have not a chance to do this or that or the other thing, but there are certain fields in which we have a chance, and nursing is one.

Associations lift the individual out of her isolation, whether that be an isolation of egotism, conceit or ignorance. They lift the individual out of it and bring her into closer relation with her peers. Just as soon as we are lifted into this peerage of our own rank, then we have achieved not only what we owe to the members of our associations, but what we owe to that larger section of humanity which cannot become members of our associations.

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It stimulates the liver, tones intestinal glands, purifies alimentary tract, improves digestion, assimilation and metabolism. Especially valuable in

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## Publisher's Department

Says a prominent physician "fat is the food that furnishes body heat." In the far north the Eskimo lives almost entirely on "blubber" or fat from the whale and walrus. Fat pork is the chief article of diet all through the cold lumbering regions. Beef fat, mutton fat, pork and bacon, fish fat, all furnish a protection against cold by producing heat in the body.

Fish fat, the most digestible of all fats, the most easily changed into body heat, is especially good. Fat from codfish is unequalled in these respects. Cod Liver Oil, so famous as a food for thin persons and consumptives, is simply fat squeezed out of cod fishes' livers. When taken in the form of Scott's Emulsion, the standard preparation, it brings new heat, which is new life. Weak throats and lungs find protection from winter's cold in the warmth and strength Scott's Emulsion brings.

Distilled hamamelis has become an important article of commerce, being finally employed in immense amounts by the profession of medicine. It has crept into home use, the laity becoming acquainted with its name and its asserted qualities. To-day, after practically four decades have passed, distilled hamamelis stands firmly intrenched as one of the most largely used remedies in America, and that, too, in the face of such authority as Drs. John Marshall and H. C. Wood, of Philadelphia, who, in 1886, gave hamamelis a strenuous scientific laboratory investigation, and decided that there was nothing in the distillate.—John Uri Lloyd, M.D., Cincinnati, Dec., 1908.

Miss Margaret A. MacBride, of Montreal, Canada, a graduate of the Mary Fletcher Hospital, Burlington, Vt., and Member of the Canadian Nurses' Association, and also a graduate in Mechano-Therapy of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., 1711 Green Street, Philadelphia, Pa., has been appointed Teacher in Massage to the Nurses in the Mount Royal Sanatorium, Montreal, Can.

To Nurses who desire to learn all branches of Mechano-Therapy the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., 1711 Green Street, Philadelphia, Pa., offers exceptional opportunities to gain a thorough knowledge in these branches. To keep pace with the newest inventions and methods investigated this Summer abroad by our superintendent and one of our instructors new apparatus has been imported, especially for the treatment of spinal curvature and other deformities, the instruction has been thoroughly revised and the staff of instructors has been increased. Thorough lectures and quizzes on Anatomy, Physiology and Pathology by physicians of the staff. Demonstrations and Instruction in the use of all mechanical apparatus. Large clinical material at the Institute as well as at several hospitals where students are sent. The Winter Courses open on January 14, '09. For particulars and illustrated prospectus address Max J. Walter, Supt.

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"As lactic fermentation serves so well to arrest putrefaction in general, why should it not be used for the same purpose within the digestive tube."—Metchnikoff.

"The action of Kephyr in preventing intestinal putrefaction depends on the lactic acid bacilli which it contains."—Metchnikoff.

"Metchnikoff believes that the inherited structure of the human large intestine and the customary diet of civilized man are specially favorable to the multiplication of a large number of microbes that cause putrefaction. The avoidance of alcohol and the rigid exclusion from diet of foods that favor putrefaction, such as rich meats, and of raw or badly cooked substances containing microbes, do much to remedy the evils. But the special introduction of the microbes which cause lactic fermentation has the effect of inhibiting putrefaction. By such measures Metchnikoff believes that life will be greatly prolonged and that the chief evils of senility will be avoided."—P. Chalmers Mitchell.

Kephyr is sterilized cow's milk that has undergone special fermentation through the introduction of a mushroom, called Kephyr-seed, or *Dispora Caucasia*, and a yeast, *Saccharomyces Cerevisiae*. One of these ferments affects the lactose, and produces lactic and carbonic acids and a small amount of alcohol; the other acts on the albuminoid substances, on the casein in particular, which latter undergoes partial precipitation and digestion, producing both peptones and propeptones.

Physicians are prescribing Kephyr with great benefit in cases of Anaemia, Chlorosis, Tuberculosis, Kidney and Liver diseases, and affections of the stomach and intestines. Professor Hoppe, M.D., of Basel, Switzerland, says: "Kephyr is Milk and Wine at the same time." It is specially beneficial in building up the strength after acute illness, such as Typhoid Fever, Inflammation of the Lungs, and all infectious diseases, and after grave operations.

Kephyr is similar to Buttermilk in taste and appearance; it is, however, very different, being prepared along scientific lines, and is more nutritious, as it contains all the butter fat of Whole Milk.

Kephyr can be used quite freely and at any time.

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"I have had the opportunity of ordering for several patients Pumer's Swiss Kephyr, and they have found it uniformly satisfactory for the purpose for which it was prescribed."—Dr. W. H. B. Aikins.

"Regarding Mrs. Pumer's Kephyr, I am acquainted with the article, and consider it the best that I have been able to obtain."—Dr. W. P. Caven.

"I have used Mrs. Pumer's Kephyr in my practice with very good results. It is of fine quality, and the best thing of its kind I have seen."—Dr. A. H. Garratt.

"I have no hesitancy in stating that Kephyr is a valuable preparation. In evidence, I have recommended it twice to-day, once to a Physician."—Dr. John B. Hall.

"It is certainly a most excellent food (Kephyr) and it differs very largely from Koumis, being a different ferment. I know Mrs. Pumer, and she is thoroughly reliable in this regard."—Dr. Edmund E. King.

"Mrs. Pumer makes an excellent preparation of Kephyr. I am able to say so, having made trial of it in my own family, and those patients to whom I recommended it were highly pleased with the article."—Dr. W. J. Wagner.

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awaken interest in the Swedish system. The course is a practical, as well as theoretical training in manual therapy. The school keeps a registry of masseurs and masseuses.

If there is one particular feature which characterizes the genuine influenzal attack, it is the decided and sometimes intense prostration that remains after the subsidence of the acute symptoms of the disease. This general vital "set back" is often-times entirely out of proportion to the severity of the original grippal attack, and the most robust patients are sometimes the most severely prostrated. In addition to the general devitalization, La Grippe is extremely likely to be accompanied with or followed by such troublesome complications as otitis, neuritis, sinus inflammation, gastro-intestinal derangements, resistant and obstinate bronchial catarrhs and, more dangerous than all, a peculiar, more or less characteristic, asthenic, form of lobular pneumonia. The skill of the physician and the vital resistance of the patient are often taxed to the utmost in a combined effort to induce final recovery. Anemia, to some degree, is almost always brought about by the combined devitalizing power of the disease and its complications, and convalescence is likely to be tardy and tedious. An easily borne, readily assimilable hematinic does much to hasten recovery and Pepto-Mangan (Gude) is an especially eligible method of introducing the much needed ferric and manganic elements, without producing or increasing digestive difficulty.

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# The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

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No. 2

## HERE AND THERE, ACROSS THE SEAS.

When I promised the Editor of the "Canadian Nurse" some observations on Hospitals in the Old Country, I expected of course, to be able to devote a good deal of attention to points of professional interest, as well as to the many other attractions, which that country presents to the Colonial visitor. Like most inexperienced travellers, however, I soon learned that three months is an extremely short time for such a comprehensive programme, also that I could hope to touch only a very few of the famous institutions, and that most superficially. Besides in these, the glamor of the picturesque and the historical, so threatened to eclipse all purely practical considerations, that I find myself now in the humiliating position of poor Moses, returned from the Fair—with little, alas, to offer, save a few fantastic features of construction, a few quaint observances, a few outstanding differences from our own Canadian methods and usages—in truth—a gross of green spectacles.

Most of the celebrated London Hospitals suffer from the serious disadvantages of ages and contracted environments, and yet the interiors are wonderfully modern, both in structure and equipment. St. Bartholomew's, affectionately spoken of as "Bart's" is one of the oldest and richest, as well as one of the most famous of all charitable institutions. It is interesting to note that the site was originally occupied by a priory, which was founded in 1123 by a minstrel and favorite of Henry I.—the worldly, but penitent Rahere, whose tomb lies in the chapel of St. Bartholomew the Great, hard by. It was the redoubtable Henry VIII., however, who in suppressing the monastery, founded the hospital and generously endowed it (out of the plunder, no doubt). For this exceptionally humane and beneficent deed, his burly statue was placed over the west gate, where it still stands in striking contrast to the figures of "sickness" and "lameness" which support him on either side.

Bart's seems to have been one of the first institutions to have a regular house staff. Their duties are set forth in an ancient document—at least 700 years old—as a judicious admixture of administrative duties, medical treatment and devotional exercises, which would seem to have combined in those days, the now rival professions of medicine and religion. Evidently the Emmanuel movement is not at all a new idea. In the old country, the church and the hospital are not at all so distinct and independent, as they are apt to be with us, except in our Roman Catholic institutions. The older buildings have each a chapel,

more or less pretentious and though the atmosphere usually savors more of sanctity than oxygen, there is a peace and quietness within, which must be grateful to many a weary soul. Attendance at service, is strictly enjoined—on the nurses too, and though that sort of thing may be easily overdone, I do think it is an influence which is needed to counteract the tendency to materialism which is too evident in many of our training schools.

I was introduced to the resident curate in one of the hospitals, (a Canadian by the way) as he was making his morning "rounds" among the children. He assured me that he was kept quite as busy ministering to the spiritual necessities of his patients, as his brother-internes seemed to be with the bodily infirmities of theirs,—and quite probably in ministering to the mind diseased, he helped them with the body also.

Each of the great hospitals has a medical college associated with it, often a dental college, too, so there grows up quite a self-contained community around this nucleus—whose diverse elements, a common ancestry, a common purpose and common leaders—weld together into a united and devoted family. Each shows with pride, the great names which have been associated with it in the past, and points with pride to the famous specialists who frequent the wards and lecture in its halls. Bart's boasts of a very fine medical art gallery which is filled with the portraits and busts of her famous sons and fathers, among whom are Harvey and Richard Owen, and many others, whose names should have been better known to me. Here also are the fine mural paintings, executed gratuitously by Hogarth in the 18th century, I think. They tell the stories of the Good Samaritan and Pool of Bethesda, the figures being all painted from patients who were then in the institution—and a melancholy assortment they are indeed.

In spite of generous endowments this aristocratic old hospital was displaying a huge plebeian poster on the gate outside, inviting contributions to the modest extent of half a million pounds, for the work of reconstruction and expansion. I thought our own struggling and impecunious institutions need not feel so apologetic, when even Bart's confesses to an empty exchequer.

Guy's is another most interesting old hospital situated in one of the poorest districts of London. It was founded only in 1720, by a wealthy and worthy old bachelor, named Thomas Guy. There is an interesting episode, about some fair but fickle Sally, to whose early defection this morbid and unnatural taste for hospital construction was attributed. The inscription on his tomb, which may be seen in the hospital chapel, reads: "He established this asylum for that stage of languor and disease to which the charities of others had not reached. He provided a retreat for hopeless insanity, and rivalled the endowments of kings." I wonder if that was a mild joke at poor old King Hal and the rival institution across the river? They have a very fine modern nurses' home at Guy's with swimming pool and gymnasium, and beautiful reception rooms—the gift of another wealthy and philanthropic patron. The nurse told me here that screens and sterilizers and almost every article of ward equipment, was man-

ufactured on the premises, at a great reduction in cost, of course—and greater satisfaction all round.

St. Thomas's Hospital was of surpassing interest, not only because of its association with the name of Florence Nightingale, but because of its architectural beauty and ideal location. Sitting on the broad balconies, which face the Thames embankment, the patients can watch the flitting traffic on the busy river below, or trace the airy spires of the great Cathedral across the way, or watch Big Ben mounting guard over the legislative chambers or perchance enjoy the mild diversion of a suffragette demonstration in Parliament Square.

St. Thomas's can scarcely afford to be scornful of feminine aggressiveness, however, for it was here, though not in this building, that one of the most far-visioned humanitarians of any age—a woman—initiated the great movements of modern nursing. I think the nurses of St. Thomas's might well be pardoned a hint of superiority, a touch of condescension, toward all less favored of the fraternity, who lack that gracious natal influence. On the contrary, I found them most genial and courteous, most willing too to show whatever of interest or of novelty their institution could afford. I stayed some time in their very well equipped electrical department, watching the Finsen light treatment, the numberless electrical devices and what was quite new to me—the method of treating lupus, rodent ulcer, etc., by Kataphoresis. Some of the cases showed excellent results. All of this work seemed to be done in connection with the out-door departments, and in almost every case, it was in the hands of nurses. This practice is not generally followed in the hospitals of America, I believe, but it seems to be the rule in London, and I've no doubt with competent supervision, such a place is found entirely satisfactory. In one hospital, there was a gymnasium connected with the orthopedic out-door department, which was also under the care of nurses in training.

But I cannot dwell on the details of each institution. The hospitals I saw in Ireland and Scotland, had much the same general characteristics, varying, of course, with the age of the buildings, and the work they had set themselves to do. Compared with the hospitals on this side of the water, which are usually of more recent construction, they lack something of trimness and finish, they seem more crowded, too, and are not so well endowed with sunshine and fresh air. Some of these things could not well be avoided—especially in a dingy, smoky district of London town. Perhaps that is why white seems to be so generally eschewed in the furnishings of the wards, but I must say I found the confusion of colors sometimes far from restful. On the other hand, the cheerful fire-places, with easy chairs ranged about, and the chatting patients, clad in their own clothes or arrayed in gay dressing gowns, the numbers of potted plants on tables and in windows and the pleasant little domestic stir of boiling sterilizers and other general activities carried on in the open ward, did produce a home-like atmosphere, which would perhaps be more grateful to the average patient than the uninterrupted vista of white coverlets and the orderly and immacu-

late arrangement of our "ward of the white-washed walls" — (mostly tinted nowadays, however).

Everywhere one sees odd little anomalies, ancient usages handed down from the dim distant past, which like the family crest or hereditary touch of the gout, are of course regarded with considerable reverence and pride, by all truly aristocratic institutions. I will confess to a weakness for the gallantly uniformed, high functionaries who guard the entrance to the Bank of England, the Tower, the Hospital of St. Bartholomew, and other national institutions, but there are a few bequests of antiquity which might be sacrificed without loss, one would think. I suppose it would be a most terrible heresy for any Bart's nurse to suggest that the blue and white checked bed-curtains were unlovely, or that they held profane conversations with the red and white bed-spreads—or for a guest at good Thomas Guy's to protest that the staring red stripes of his bed-curtains were productive of nightmares. These things seem somehow more appropriate to the reign of Sairey Gamp—than that of the modern up-to-date English nurse.

It is interesting to note the influence of the military spirit which is nowhere stronger than in British hospitals. One notes a great lack of uniformity in the costumes of the nurses, and is apt to put it down to the vagaries of personal taste, but one may thereby fall into grievous errors of etiquette. It seems to be the practice in some of the hospitals, to start the junior nurse out with the very minimum of equipment, and then as she advances to positions of greater and greater responsibility, to add a band on her sleeve, or a broad belt with an enormous silver buckle, or a little extra regalia on her cap perhaps, or a large-sized medal, then with a jingling chatelaine which reminds one of an officer's sword in that it is absolutely useless and habitually in the way—her costume is complete. Of course, the object of these distinguishing orders is that doctors and patients may be able to honor those to whom honor is due, in other words, not to confuse the head nurse with the probationer.

That reminds me of another odd custom, that of addressing the head nurse or sister, (who is a very important functionary indeed), by the name of the ward of which she is in charge. Fancy being known familiarly as Sister Job, or Sister Lazarus, or Sister Patience!

In regard to the training schools I was surprised to learn that many of the better hospitals, give a four or even five-year course, and include administrative work, housekeeping and all sorts of specialties. Obstetrical work seems to be rarely given in a general course, and when taken in a lying-in-hospital, requires a much more extended knowledge of the subject, both theoretical and practical, than is usually given in our hospitals. The nurse who obtains her midwifery degree, whether or not she has any previous training, is considered quite competent to manage any normal case of labor, and is legally qualified both as hospital assistant and in outside practice with the physician as adviser in any abnormal cases. Of course there are many things to be said against this arrangement, but so far as the poor

patients are concerned, the results seem to be all on the favorable side. Since the fees of the family doctor are prohibitive, and the dispensary service is not often available, surely it is better that the poor mother should be attended by an ordinarily intelligent trained nurse than by an ignorant, unclean, experienced (?) midwife. Investigations into conditions in the United States, especially among the foreign peoples—show that some new adjustment of the professional situation there as in our country, is imperative. Whether it will be solved in this way is doubtful. I do not think the nurse is at all keen to usurp the practice of the obstetrician, but after all does it not seem more fitting that a woman—be she a specially trained midwife or a doctor—should attend her fellow-woman in her hour of labor?

There seem to be the same great questions facing the Sisterhood on the other side of the seas. The need for some common standard of nursing education, the need of expansion, the keenly contested issue of registration, are all to the front, but there as here, it is the few who are the workers—"the rest sit round and pluck blackberries."

One cannot but be impressed by the comparatively large number of nurses one meets on the streets—everywhere. Whether it is that the out-door uniform attracts more attention, or possibly that the uninitiated Colonial mistakes the habit of the nurse-maid (which is as confusingly similar as the name itself), or whether the unscrupulous Sairy has adopted that convenient garb in lieu of her "blacks" and green umbrella, I cannot tell, but the country did seem over-stocked with cloaked and bonneted ladies of every class and description. Some of the out-door uniforms are very picturesque and becoming, and I believe the nurses as well as the public over there cling to them with a certain sentiment, but personally, I think I would rather venture forth on private faring, in the more inconspicuous, even if less attractive, costume, of the ordinary civilian. But it is all a matter of taste—and depends a good deal, after all, on who wears the uniform, and how she wears it.

Perhaps it is this overcrowding of the profession which made so many of the nurses I met, so keenly interested in "America," as they broadly term our fair Dominion. Many had friends already there, whom they were sure I should have met—and all asked about prices and prospects for work. Their rates for private nursing seem ridiculously low, and yet all things considered, especially the lower cost of living there, the average incomes do not vary so much.

As far as professional position is concerned, I do not think there is any country far or near where the nurse is so appreciatively considered, so justly treated and so fairly respected by all classes, as in Canada. In this as in many other respects, our lot is fair indeed and our heritage is goodly. I think we are sometimes tempted to look with longing eyes to far away fields which always seem so fair and green, but though we may not occupy a shining place in the "Apostolic succession"—as do some of the institutions of the old land, and though we can boast few magnificent temples of healing, such as the wealth of richer lands

has bought, we possess many good things that can neither be inherited nor purchased. So we, also, can lift up our heads among the nations, and with confidence and determination should be ready to take a fitting part in the labors and triumphs which await our great profession.

ISABEL M. STEWART.

Winnipeg.

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### THE HOSPITAL ECONOMICS COURSE.

In the October number of *The Trained Nurse*, there was an inquiry from "One Interested" as to the expenses of the Hospital Economics course at Teachers' College of Columbia University in New York.

Before taking up the matter of expenses, may I ask a question of nurses? Do you think that nurses should have advanced education given to them any more than any other class of women, be they school teachers (who have spent many years previous, at schools or colleges, to their training at Teachers' College) or art students, etc.?

If our profession, which is comparatively young, is to take rank with other professions of the world, we must look into the present and future needs, not as they affect us personally, alone, but as a body of women competing in life's work.

There has been great advancement in the general training of nurses through the co-operation of larger hospitals with the smaller ones, etc. Does it not seem that if the Superintendents were trained a little more specifically for their work, that this general training might be still better and of a more uniform character? To gain this advantage through the educational system of one of the best, if not the best, training college in the country, we are invited, even urged, to contribute to a fund so as to insure a permanent department for our profession. This invitation is not given by the College, but by members of our profession who are interested in the education and training of nurses.

Let us stop and think for a few minutes of the advantage of a course at Teachers' College. In the first place, the many sided interests of the College are an education in themselves, broadening and aiding our appreciation of the wonderful opportunities of the nurse's life.

A student of Hospital Economics has the opportunity of taking up lines of study in other departments; is not confined entirely to work on nursing, but may take up subjects that round out the woman and make of greater value the training previously taken.

Our training, in hospitals, is severe, discipline is strict, because we have human life under our care, and it cannot be otherwise. We cannot call our training narrow, nothing dealing with life is, but it does not and probably cannot allow time for study in other fields of nursing. These fields we have to find after the foundation has been laid by our training. The course



at Teachers' College is offering the profession this opportunity of broadening in such lines as administration, teaching of physiology, anatomy, hygiene, bacteriology, sociology, domestic science, including special courses in dietetics, district and school nursing, and preventive work in college dormitories.

Any one desiring to add to her limited means, so as to take a course of a year or two, can do so in various ways. The Superintendents' Association is offering means this year which will aid one, and probably two students.

An arrangement has existed now for three years by which one of the students has obtained her tuition, \$150.00, through assisting in the health problem in the model school of Teachers' College. This year, one of the class is adding to her income by assisting the Resident Nurse in the College dormitory.

Some hospitals have given their superintendents a year off in order that they may be able to take the one year course.

There are other ways of adding small amounts to one's income, such as doing clerical work at the College for a few hours a day, spending a few hours each day with some child.

If I had time and space, I could give other types of work for students desirous of helping to pay their expenses.

The cost of tuition and fees is from \$150.00 to \$170.00; room, board and (plain) laundry, \$280.00 to \$400.00—\$310.00 is a good average—for the academic year; a very liberal allowance for books, \$20.00; and then there is the car fare on excursions to various hospitals, etc., amounting, probably, to \$7.00 or \$8.00. The other expenses of regular living are what one makes them and should not be called college expenses. New York is large and there is so much to see that the outlay can be made considerable.

I was conscious, during my first weeks at Teachers' College, of the helpful spirit that pervades the place. Every one stands ready to help each student find her bearings in every way, and this helpful spirit continues through the years.

One graduate of the Hospital Economics course, in a letter to me said that what she missed most in being away from the College was not being able to associate with people who knew how to help one to know and understand herself.

ELIZABETH HARCOURT, R.N., U.S.A.

1230 Amsterdam Ave., New York.

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### THE GUILD OF ST. BARNABAS FOR NURSES

The Toronto branch of the guild will hold its next meeting with the kind permission of Miss Snively, in the Lecture Room of the Nurses' Residence, Toronto General Hospital, on Friday, February 26th, at 8.00 p. m., when it is expected that the chaplain, Rev Canon Welch, and the Superior, Mrs Welch, will both be present. This is a special meeting to which all nurses are cordially invited and will be made welcome. Please make a note of the time and place and come. You will enjoy the meeting.

## INSANITY AND THE NURSING OF THE INSANE.

(Continued from last month)

Among the acts of the insane, suicide should always have a prominent place in your mind, that every precaution may be taken to guard against it. The risk of such a calamity is much more imminent in some forms of insanity than in others, but there is a possibility of it in any case of mental disorder. The safest rule, therefore, is to regard all lunatics as possibly suicidal, but melancholiacs as always so. There are few, if any, cases of melancholia to whom the thought of self-destruction does not at some time present itself, for which reason none of them are to be trusted.

Some patients talk freely about their suicidal inclination, while others say nothing about it, in fact may even assume an air of cheerfulness to mask the propensity. With the latter, constant vigilance is the price of safety. Never imagine that a patient will not kill himself, because he is afraid of being killed by others. On the contrary, this is one of the commonest delusions of suicidal patients, and one that is very apt to throw friends off their guard.

Do not allow yourself to lapse into a feeling of false security because a few days or weeks have passed and the apprehended danger has not shown itself. Perhaps the intention has only been delayed and may manifest itself at any moment, or, possibly, the intention has been constant but the attempt has not been made, simply because particular means have not been available: for, bear in mind, the suicidal desire is often only to the commission of the act in a certain specific way. A man may allow a knife or a dose of poison to lie untouched, and wait until he gets a chance to drown himself; or, having walked by the water-side for hours, retire from it only to hang himself.

In cases of suicidal impulse, the thought is often suggested by the sight of the means of self-destruction. Thus, a patient who has never manifested any suicidal tendency may have it forced into sudden activity by the sight of a razor with which to cut his throat, or a cliff from which to throw himself.

In safeguarding against suicide, the fastening down of windows, the guarding of fire-places, and the removal of all dangerous articles from the patient's reach will, of course, occur to you as a necessary precaution. The things removed should include not only articles such as are usually considered dangerous, but such as could by any stretch of ingenuity be rendered so. Even when you have done this, you will still have left behind more than one means of suiciding. The bed linen will always furnish ropes, and a piece of tin or glass can be made to cut the throat. I knew one patient to suicide by holding her face in a basin of water, and another to accomplish the same end by thrusting the corner of her sheet down her throat until suffocated. Yet another patient of mine made a desperate attempt at self-destruction by biting a piece out of a tumbler and swallowing it. Dr. Burr relates the case of a patient who jumped up from a rocking-chair in which she had been sitting,

faced the chair, and sprang into it, only to throw herself backward upon her head, dying almost instantaneously from a broken neck. Ergo, I repeat, that never-ceasing vigilance is the only efficient safeguard.

Melancholic patients are often at their worst in the early morning, just after waking and before food has been taken; while after breakfast, and as the day wears on, they feel less wretched, and the suicidal desire is less marked. For this reason, watchfulness should be increased, if possible, during the early morning hours. A little food, or a cup of milk or warm coffee, given immediately on waking may be helpful in dissipating the gloom of such patients.

Suicide by precipitation is relatively frequent. Hence the necessity for care, if outdoors, that patients do not go into dangerous localities; that they find no opportunity to throw themselves in front of railway trains, street cars or loaded wagons, from heights or bridges, or into the water. Indoors, have special care when going up and down stairs, and in elevator shafts, etc. See also when outside, that your patient picks up nothing hurtful, and search his bedding and clothing frequently to see that nothing harmful is hidden there.

A great protection against suicide is to keep a patient occupied during the day, while at night there should be somebody near by him all the time. If on duty, let nothing induce you to leave the room for even an instant, unless some one takes your place. Too many suicides have been committed when the nurse had "just stepped out for a moment." In hospitals for the insane it is the rule to make all possibly suicidal patients sleep in associated dormitories, because deliberate self-destruction is very rarely attempted in the presence of witnesses. Restraint is seldom or never advisable. To tie a patient in bed, or to confine him in a strait-jacket, is to lessen the prospects of recovery. Far better to run some risk than to do this. Even when restrained, there is still the danger that the patient may suicide by throwing himself from the window, dashing his head against the wall, or strangling himself with the cords used to confine him in bed.

A means of suicide that must be strictly guarded will be found in the medicines that may be prescribed for the patient. It seems hard to deprive a nurse of that in which she takes a pride, as justifiable as that taken by a workman in the tools of his craft—the neat little table, with its white cloth, garnished with bottles and spoons, placed at the head of the bed—but far better relinquish these, if the patient be a lunatic, than to take the risk of suicide. Medicines, therefore, had best not be kept in the room. If they are retained there, they should be put safely under lock and key, and the key kept always in the nurse's pocket. But in putting such things out of reach, let it be done in a way that will not attract the patient's attention, because to do so would perchance suggest the suicidal idea for the first time.

Having arranged for the safe keeping of the medicines in the intervals of their administration, see that they reach their proper destination at the time of administration. Patients may

try to trick you in this for two reasons — either because they object to taking medicine on account of some delusion, or with suicidal intent. If, for example, you have to give an opium pill, make sure that your patient swallows it, and does not spit it out, or save it up to add to other opium pills until he gets sufficient of them to take him out of the world. With liquid medicines the danger is less, and hence such are usually prescribed for the insane. Cases have been recorded, however, where the patient retained the fluid in his mouth until the nurse's back was turned, then ejected it into a vessel, and repeated this with successive doses until enough to destroy life had been accumulated. Watch for the movement of the throat which indicates the act of swallowing, and, if you do not see it, make the patient open his mouth that you may satisfy yourself. Remember that only the slightest force on your part is justifiable to get such patients to swallow, and also that you should always give medicine as medicine, not attempt deception with regard to it.

Similar to suicide, is the propensity to self-mutilation, as when a patient tears out his tongue, picks out an eye, or chops off a hand. This is almost always delusional in its origin. It is wonderful what fortitude some of these poor creatures will display in enduring their self-inflicted tortures. One young girl I knew, had conceived the idea that her hand had committed some grave sin, and deliberately held her wrist in the flame of a gas jet until the supposed offending member was well nigh burned off.

Homicide and violence are also among the acts of the insane to which I must call your attention, though, fortunately, these symptoms, especially the former, are less common than the general public imagines. In the wild excitement of acute mania a patient may assault any one near him, but as a rule, this class of lunatic is more apt to be destructive than to try to injure anybody. Much more to be feared are those with whom the homicidal tendency springs from delusion, and it is safe to assume that any patient with delusions of persecution is dangerous.

Homicidal assaults are best guarded against by careful watching, and, if possible, keeping the patient engaged in some form of occupation where the use of tools that might serve as weapons can be dispensed with. Such patients should sleep in a room by themselves, and knives, scissors, mops, pails, chairs, etc., in fact anything that might be converted into a dangerous weapon, kept carefully out of the way. Their person and bedding should also be frequently searched. All persons about whom they have delusions should be warned that such is the case, and made to remain out of their sight.

Violence in the insane usually consists of noise, tearing of clothing, breaking glass or furniture, biting, scratching, kicking, hair-pulling, etc., and in no way can a nurse better display her tact than in the management of a patient given to any of these practices. To do this properly it will be necessary for her to study his habits, delusions, and the way in which he is inclined to be violent, as also to learn what is likely to provoke him.

Having learned the cause, violence can often be avoided by removing that cause, or, having studied the symptoms preceding an outbreak, it may be averted, or preparations made to meet it. The irritation which generally leads to the violence may often be warded off by a kind word, or a joke—by letting the patient alone, or by a firm show of authority.

If force be needful, which it very rarely is, it should be of the gentlest, for no form of abuse or punishment should be tolerated with the insane. A nurse ought never to attempt to manage a violent patient alone, because such patients will often become quite submissive if confronted by two or three persons, recognizing that resistance against superior numbers is useless. After the violence has subsided, even though the patient continues to scold, swear, or threaten, he should be left alone. Do not interfere to stop his noise. It often acts as a safety valve, becoming a substitute for the violence, the attack of which wears itself out in this way.

In connection with violence, there naturally arises the question of mechanical restraint, which is the use of such appliances as strait-jackets, muffs, etc. This is a subject upon which many volumes, for and against, have been written, but which I shall briefly dismiss. The trend of modern thought is undoubtedly very strongly in the direction that it is valueless, in fact, harmful, except where special surgical treatment is requisite. Personally, I am not so bigoted as to deny the possibility of the occurrence of cases in which restraint must be resorted to. It is yet, however, to be my lot to meet with one, other than surgical, so violent as not to be manageable by kind and judicious treatment. To restrain a lunatic is like trying to smother a fire by heaping combustible materials upon it. A maniac, in the midst of a paroxysm of excitement, is like a man in a violent fit of passion, and you must all know, that to interfere with such is but to add fuel to his rage. Both should be meddled with as little as possible. The violence, which if met with violence becomes still more aggravated, will often, if left to itself, subside in the course of a few minutes. Care should, of course, be taken that all obvious means for mischief are guarded against, and the nurse, although not directly interfering, should be watchful and ready. The more restraint, the more violence, disorder and destructiveness has been my experience in an asylum life extending over thirty-five years.

Mental medicine does not consist of pills and potions alone. Employment and amusement hold a very important place in the pharmacopœia of the alienist, and it is upon the proper administration of these remedies that the avoidance of restraint largely hinges. The old saying, "Satan still finds work for idle hands to do," is even more applicable to the insane than to the sane. Occupation, no matter what the kind, aids largely in the cure of curable cases of mental disorder, and tends to keep the incurable in a better physical and mental condition. It stimulates the mentally sluggish, distracts the attention of the melancholic from their morbid thoughts, and furnishes a safe outlet for the over-excitement of the maniacal. Many of the last are brimming

over with surplus energy—much better that they should rid themselves of this by some occupation, no matter how trivial it may be, than that they should destroy property or tear clothing, and be a general nuisance to all around them. Such being the case, it should be the constant effort of the mental nurse to find, or invent, employment and amusement for her patient, and the best nurse is the one most abundant in resource, most willing to spend time, and not only time but thought, in devising such occupations. In this respect, I have found that the gravest fault with the great majority of nurses, is the fact that they are too easily discouraged. If they have a dull or perverse patient to deal with, they start in with the best intentions, but after a day or two, finding no apparent advance, give up the task as hopeless. If they would but think for a moment how the constant fall of a drop of water will in time wear away the hardest stone, they could better realize what perseverance will accomplish with even the most apparently hopeless dement. To such I would say—if you fail to interest your patient in one thing, try something else, and keep on trying, never despair. A patient may think he cannot do work of any kind, and that he is no longer of any use in the world. A little effort on the part of the nurse will often dispel this idea sufficiently to make a start. It matters little what the occupation be. Needlework, knitting, drawing, reading, music, card-playing, garden work, walking, driving, golfing, croquet, etc., etc., are all valuable aids to treatment. When a start is once made, a long step toward recovery has been taken.

An all-important point in the nursing of the insane is their proper nourishment, because in no disease is there greater depression of vital energy and greater expenditure of muscular strength than in insanity. Rarely will you meet with an acute case of either mania or melancholia in which the patient has not fallen away in flesh and strength. Everything possible must be done to restore the loss, because with a gain in weight you are likely to have mental improvement.

With the maniacal, as a rule, there is little difficulty in securing the consumption of a sufficient quantity of food. Their appetites may be capricious. At one time they will not eat at all, at another they will devour everything within their reach. On the whole, however, they will take a sufficiency, and often too much. In these latter cases the nurse will have to guard against over-eating, or improper eating, because such patients are prone to bolt their food without properly masticating it, thus running the risk of choking themselves, or causing vomiting.

Occasionally in mania, we find the refusal of food due to delusions of exaltation, such as that the patient can live without food. Fortunately, these delusions are rarely persistent. It is well to bear in mind that such patients will sometimes refuse food if you offer it to them, but take it greedily when your back is turned. Do not, therefore, be in haste to remove food that a maniac has refused to eat—give him time to change his mind, and opportunity to partake of it apparently unobserved.

It is in melancholia that the feeding of your patient is most

likely to be a source of serious trouble to you. Melancholic patients are generally indifferent to food, while often they will absolutely refuse it, or actively resist its administration. The causes of such refusal are various, but usually of delusional origin. Sometimes the patient exaggerates his malady, says he is beyond the reach of aid, and to take food will only prolong his agony; sometimes he thinks his family is in danger of starvation, and for him to take food will mean depriving them of it. Yet again, he may fancy the food is poisoned or dirty, or that God has commanded him to fast a certain length of time for the deliberate intention of suiciding by starvation.

The nature of the delusion may suggest to the tactful nurse some means to circumvent it, thus avoiding artificial feeding, which should be a last resort, because food eaten naturally is always much more efficacious than that administered by force. The patient who thinks there is a conspiracy to poison him may take eggs in their shells, or potatoes in their jackets, because these could not have been tampered with; may eat food cooked in his presence, or partake of anything provided the nurse share with him in the eating of it. If he thinks the members of his family are starving, she may show them to him alive and well and let them join their assurances to hers that such is not the case. If he has the idea of fasting for salvation's sake, she may try what good it will do to lead the way to the consideration that fasting does not imply abstinence of food, but only from certain articles. A patient who thinks it wicked to eat, may swallow food if it is put into his mouth, and one who fancies himself unworthy to associate with others may eat if left alone. Do not allow one or more refusals of food to discourage you in your efforts to coax your charge to eat. Often a patient will give in so as to escape your importunities, and be able to return to his melancholy broodings, just as the Irish girl married the man to keep him from bothering her. But, if coaxing will not avail, and no way can be found to get the better of his delusions, the patient must be fed mechanically.

As forcible feeding is not without risks, it should only be done by the attending physician, and your office will be to get things ready for the operation, and to assist in restraining the patient during it. The method employed is to introduce into the stomach, through the mouth or nose, a soft rubber tube, and make it the channel for the passage of liquid nourishment. Some patients will struggle violently, in which case the assistance of several persons will be required; others will submit to the process unresistingly. Often the moral effect of one such feeding is enough to cure the patient of all desire for a repetition of the experience, consequently before each forced feeding the patient should be given the opportunity of taking the food prepared for the operation in the natural way. Sometimes, however, we have to feed in this way for weeks or months. In one instance I had to feed regularly twice a day with the stomach tube for nearly two years. This case was a particularly exasperating one. The patient, a woman of course, had the delusion that God had commanded her not to eat any more as she could live without food.

After the first two or three feedings, seeing resistance to be useless, she would sit quietly down in a chair, open her mouth, and allow me to pass the tube. She explained her submission by saying she must obey the Lord, but if I chose to feed her in that way I might; it was not eating, and the sin, if sin there were, would be on my head, not on hers.

I need hardly tell you that all food for a lunatic should be as well prepared and as neatly served as for an ordinary sick patient. There is much truth in Garrick's famous epigram, "Heaven sends us good meat, but the devil sends us cooks." Dainty viands, good to the sight and grateful to the smell, have a tendency to whet the appetite of the insane as well as of the sane. Let nourishing articles of all kinds find a place in your culinary armamentarium, but let milk be your sheet anchor in all acute cases. No food preparations are so generally useful as those into which milk and eggs enter largely.

Similar difficulties to those encountered in feeding, may be met with in administering medicines to insane patients, and like persuasive means taken to overcome them. These failing, it will be for the physician to decide what is to be done; whether the medicine shall be mixed with the food or drink, or resort be had to such remedies as can be given hypodermically.

Insomnia is a common and early symptom of approaching mental disorder, nor is this to be wondered at when we consider that sleep is to the brain what rest is to the body. Every portion of the human system is subject to the same great law that rest must follow exercise. The muscles, the stomach, the kidneys—all must have their periods of rest. The brain is no exception to this natural law, and no words could more effectively picture the office of sleep as regards it, than those of England's greatest poet:

"Sleep, that knits up the ravell'd sleeve of care,  
The death of each day's life, sore labor's bath,  
Balm of hurt minds, great Nature's second course,  
Chief nourisher in life's feast."

Keats also, in his *Endymion*, thus gracefully recognizes its importance:

"O magic sleep, O comfortable bird,  
That broodest o'er the troubled sea of mind.  
Till it is hushed and smooth."

Sometimes insane patients pass days and weeks with apparently little or no sleep, which, naturally, makes us anxious, because with the return of sleep we look for the approach of recovery. It is the duty of the mental nurse to watch carefully the amount of sleep her patient gets, and to encourage it in every possible way, by attention to the bed and its linen, by care regarding the temperature, ventilation and lighting of the room, etc. In many cases, a hot bath at bedtime will be found highly effective in inducing sleep. The patient should enter the bath at 90 degrees, and the temperature of the water should be gradually raised to 105 degrees. The bath should be continued for about fifteen minutes, when the patient should be removed,



rubbed thoroughly dry, given a glass of hot milk or hot punch, and placed in bed.

With some patients, a bowl of warm gruel, or a biscuit taken just before retiring will suffice to induce sleep, while with others, who become wakeful during the night or early morning, the same means will serve to reincite it.

One of the best provocatives to sleep is exercise in the open air, which has the added advantage of being beneficial to the general bodily welfare. If physically fit, therefore, your patient should get out some portion of each day. In the summer time most of the day should be spent in the open air, in winter short walks should be taken two or three times a day. One of the chief difficulties in home treatment is the fact that friends object to their unfortunate relative being seen by people outside, but you must insist on his going out daily, even if only for a walk in the back yard. In this connection, there are many matters that the thoughtful nurse will take into account. For example: Is the patient's physical condition such that he can endure a walk without fatigue? Will his delusions interfere with his comfort in going out, or create trouble on his return? If he objects to going out, as melancholics often do, does his objection arise from the fear of meeting strangers, or simply from indisposition to exertion? How best plan the walk so as to introduce some diversion that will interrupt the current of his morbid mental thoughts?

If unsuccessful in inducing sleep by such simple means as I have indicated, resort must be had to drugs, and here the attending physician will prescribe what he deems best suited to the case.

There are many other points connected with the nursing of the insane to which I might call your attention, but

"Time, the foe of man's dominion,  
Whirls around in ceaseless flight."

I shall, therefore, speak of but one more. You must be doubly careful in the case of mental disease, in making those observations of the patient's condition in the matters of temperature, pulse, secretions, etc., which form a part of the nurse's duty in all cases of bodily illness. Recollect, in this connection, that with the insane it is often utterly impossible to place any reliance on the statements they make. You cannot look to them, as to the sane, to keep you informed as to their symptoms and feelings; rather, they will mislead you, if they speak of such matters at all. The visits of the physician must necessarily be short, and his treatment, therefore, largely guided by the observations of others. He will depend upon you to keep close watch, and to make accurate reports of all changes bodily and mental. Look particularly to the excretions, and pay special attention to the preservation of cleanliness, because in this respect the insane are often neglectful. Be on your guard against bedsores, because they are very apt to occur in mental disease, vitality being usually much lowered. Watch closely for the symptoms of any intercurrent bodily disorder, such as cough, expectoration, etc.,

because a lunatic may develop disease, pneumonia for example, and say never a word about pain or distress in breathing. You, however, if watchful, may detect its advent by his movements ; perhaps by his putting his hand to his side, or by his change of position in bed. Lastly, bear in mind that the golden rule, the simplest and the best of all rules, applies no less to the care of the insane than to all other acts and duties of life. "Whatsoever ye would that men should do to you do ye even so to them;" do to every patient as you would yourself like to be done by, if you were separated from your family and deprived of your freedom by loss of your reason.

T. J. W. BURGESS.

Verdun, Quebec.

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### Correspondence

Dear "Canadian Nurse":

Your journal is growing better and am proud to see the physicians under whom I am doing private nursing take up the "C. N." and read with interest and pronounce it "up-to-date."

Yours cordially,

A SUBSCRIBER.

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Dear "Canadian Nurse":

Regarding the magazine itself, don't you think we get a little tired of the addresses given to graduating classes. For my part, I do, for they all deal with the ethics of nursing and miss the point of the practicability of the nurse. Lately I have seen much discussion on the advisability of doing away with the three years' course. I think a compromise would be better, thus: give the probationers a three months' course in the usual duties of probationers, supplemented with simple lessons in anatomy, so that when accepted after three months, and told to put a poultice on the base of the left lung, she'll know not only how to make a poultice, but where to put it without the supervision of the head nurse. Then give them two years' ward work with the usual lectures and classes and wind up with three months in household economics. Just how much beefsteak to order for a household of three or how many potatoes to boil for same, how to prepare clothes for the wash "lady" and general cooking, etc., for in the West a nurse must know these things, especially if it is the house mother who is laid by. For with the incompetent help or better, none at all, the nurse is for the time being head of the house-keeping.

A. M. H.



The Victorian Order Committee of the May Court Club, of which committee, Miss Gwendolyn Burn is convener, have presented a well-equipped Sterilizing Room for the Nurses' Training Home, Ottawa. A room was built in the basement, painted, lighted, heated and equipped with supply of cupboard, tables, hot and cold water apparatus, sink and Rochester Combination Sterilizer. On the door is a simple brass plate, bearing the inscription:

"Presented by the May Court Club, 1908."

At a reception given at the Home in Somerset street, on January 11th, the room was formally presented to the Ottawa Committee by the May Queen, Miss Fitzpatrick, who made a very neat little presentation speech, in which she spoke of the pleasure it gave the Club to present this room to the Order, as they had always received a hearty response from the District Superintendent, Miss Hardinge, to any appeal for nursing help, for those in need.

Mrs. Ahearn, President of the Ottawa Committee, responded on behalf of her committee, and Miss Hardinge, on behalf of her nurses.

In response to the wish expressed in Miss Mayou's letter for a magic lantern and a baby organ for the Harrington Hospital, Labrador, Sir William Macdonald has presented both to the hospital and they will be shipped to Miss Mayou as soon as navigation opens.

Mr. B. Rosamond, of Almonte, has also presented a magic lantern for one of the Victorian Order Hospitals, which will be sent to Rock Bay, B.C.

A post-graduate course in District Nursing, four months, is given at one of the Homes of the Victorian Order of Nurses, either in Ottawa or in Toronto. For full information, apply to the Chief Superintendent, 578 Somerset st., Ottawa, or to the District Superintendent, 206 Spadina ave., Toronto.

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## The Guild of

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## Saint Barnabas

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"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]

—*Ambroise Pa*

The following notes are from the annual report of the secretary of the Montreal Branch of the Guild, which has now completed the eleventh year of its existence:—

There is little to report in regard to the work of the Guild, which has gone on as usual since our last annual meeting. During the year six nurses have joined as Associates and we have four new honorary members, one of the latter having been transferred to this Branch from Quebec. Our roll now includes the names of 49 members, 11 associates and 16 honorary members, of whom 29 members, 9 associates and 15 honorary members are in Montreal and its neighborhood, the rest widely scattered over Canada and the United States, with one member resident in the West Indies. It is a source of much pleasure to the members that, in nearly every case, these absent ones keep in touch with the Guild, and during the last month the secretary has heard from many of them, all evincing great interest in the Branch and expressing good wishes for its welfare.

Seven afternoon and eight evening meetings have been held during the year besides the festival meeting in June, all these have been well attended. The afternoon social meetings have been held at different houses; the afternoon devotional, and most of the evening meetings, at the Church of St. John the Evangelist, but—through the kindness of the Lady Superintendents—the November meeting was held in the Montreal General Hospital, and the meeting in December at the Royal Victoria Hospital. Both these meetings were largely attended, those present including members of the Guild, nurses in private practice, and a number of nurses in training in the hospitals. Such meetings are much enjoyed by all, tend to awaken interest in the Guild and prove inspiring to the members, so that it is with much pleasure that we learn that through the kind interest of the Lady Superintendents of three of the city hospitals, arrangements have been made by which, in future, most of the evening meetings of the Guild will be held within hospital walls, the afternoon devotional meeting and one or two evening meetings only, being held at St. John the Evangelist Church.

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Dr. Helen MacMurchy, 133 Bloor St. East Toronto.

## My Scallop-Shell of Quiet

GIVE me my scallop-shell of quiet,  
My staff of faith to walk upon,  
My scrip of joy, immortal diet,  
My bottle of salvation,  
My gown of glory, hope's true gage:  
And thus I'll take my pilgrimage.

Blood must be my body's balmer;  
No other balm will there be given:  
Whilst my soul like quiet palmer  
Travelleth toward the land of Heaven:  
My soul will be a-dry before,  
But, after, it will thirst no more.  
—*Sir Walter Raleigh.*

### RESENT THE INTRUSION OF SATAN'S KINGDOM.

Dr. Gore, Bishop of Birmingham, when dedicating the new chapel recently added to the Queen's Hospital in that city, said that no one could help noting that when our Lord came near to sickness, misery, and degradation of every sort, He met it with a feeling of resentment as an intrusion of Satan's Kingdom into that of His Father. That feeling we had largely lost, and we had come to acquiesce in the presence of these things instead of enlisting every power to resist them. Surgical and nursing help was one such power; the vast increase of skill in this direction was one of the best gifts of God to man at the present day. "I ought especially to feel this," said the Bishop, "seeing that I have this year been cured of what thirty years ago would have been a fatal ailment by an operation which is now one of the ordinary methods of surgical science." He added that we must not ignore the influence of the mind over the body, an influence that science had come more generally to recognize. Further, we must fight against those social mistakes of our time, sweating, over-crowding, improper care of infants, which brought so much illness in their train. Nor, lastly, must we forget the great power of prayer.

# The Canadian Nurse

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NO. 2

## Editorial

### A BRAVE CANADIAN NURSE.

Canadian nurses will read with mingled feelings of thanksgiving, joy and pride, the simple and touching tale told by Miss Tweedie of her adventures on the sea for the three memorable days between the three steamships, the "Republic," the "Florida" and the "Baltic," and unless they are made of sterner stuff than the editor, their eyes will be full of tears ere they finish. Four times did Miss Tweedie go down in the dark, in a ship that she had been on not twenty-four hours. The first time to bring up four life belts for her patient and her patient's family, the second time to get one for herself, hers having been taken by some one. On her return she met an Italian, wandered from his place, who pointed to his bare breast and said: "Me" and then pointed to her life-belt. She gave it to him, and went down the third time, returning with a life-belt for herself. The fourth time she went down and a man with a bit of candle showed her a light. She returned with some clothes for her patient, which were a great comfort. These were not the only deeds she did, but we were not even allowed to tell these and we must not say more. All through her only thought was of her father and mother, to whom she sent the first private Marconigram from the "Baltic." In all this she kept her good judgment, and found in the end that she had her belt with all her valuables quite safe. The only jewel she lost was her alumnae pin, which she wore in her tie when she left New York. What Miss Tweedie has done will long be remembered by all her sisters in the Toronto General and by all the nursing sisterhood, and will make us all more brave and faithful to duty.

God bless the brave Canadian nurse.

Miss Tweedie's account:

We left New York harbor on Friday afternoon, January 22nd 1909, at three o'clock. The sun was shining brightly and every one was gay and happy, there was "no sadness of farewell," nothing to foretell the terrible calamity which would happen in a few short hours. Our party of four occupied adjoining state rooms on the starboardside of the saloon deck and were awakened about 4.30 Saturday morning by what seemed a loud explosion. An ominous silence followed. Hurrying out we inquired what was wrong and were told that it was nothing serious, but to go on deck as soon as possible. We immediately returned to our staterooms, just then the lights went out and we were in total darkness. Groping in it, we found cloaks and shoes which we hurriedly donned and went at once on deck where we found most of the others assembled.

There was no sign of panic, no one got excited, no women fainted and no one had time to scream, we were told to put on life belts and went back to our staterooms for them. As the life-boats had not been lowered, we attempted to again go to our staterooms to procure some necessary clothing, but were told not to be longer than possible and only to take what was absolutely necessary. We hurriedly picked up our rugs and a few articles of clothing and joined the other members of our party who were now on the top deck. Hot coffee and biscuits were served to all of the passengers, also baskets of apples. The Captain, officers and crew of our ship acted most heroically. Owing to their splendid discipline and the strong personality of our Captain, which dominated every one on board, all confusion was prevented. The Captain gave his orders and they were obeyed to the letter. One can never forget the Captain's command hurled at us through his megaphone. Out of the darkness it came straight and true and strong, and with all the chivalry of of man at his highest behind it. "We are in communication with the "Baltic." The life boats are ready. Women and children will enter the boats first. I will trust to the honor of the men to stand back." I have read of such things, but I never realized what it meant until last Saturday morning. I think more of bravery now that I know what it means. What had always seemed an impossible feat, when watching with awe the pilot going up and down the rope ladders we now accomplished with ease, doing exactly as we were told. "Ours not to reason why." Fortunately the first time of transferring, the sea was smooth as glass. We were taken across to the Italian emigrant ship in a very short time. This ship had over a thousand passengers already on board, fleeing from the earthquake. They had been "In peril on land" and now were "In peril by sea." Four of their sailors were killed during the collision. The injured on the "Republic" were brought over not without difficulty to the "Florida" but the dead were put in hermetically sealed caskets and left on the "Republic."

A most unselfish spirit prevailed everywhere. An Italian countess went down among the steerage passengers relieving their distress and one lady made a suit from a bed blanket for a baby whose mother had not time to save anything either for the baby or herself as they were in one of the wrecked staterooms. The other passengers from their scanty wardrobe made up enough clothes to clothe the mother.

The upper deck of the "Florida" was cleared for us and sacks of potatoes supplemented by life-belts were provided for seats. Everything was cold and damp, but no one complained. Cheerfulness reigned and nowhere was there heard a grumble. We even saw the comical side at times. Some of the costumes were extremely fantastic and altogether we were a most grotesque lot of people.

The stewards from our ship brought over brandy and coffee to the "Florida" which they served to us at intervals all through the long day. Too much cannot be said of the unfailing cheerfulness of those stewards, keeping up hope for us and



working constantly all that day and night without food or rest. At noon macaroni soup was served down in the dining room with biscuits and cheese, the best cheese I ever ate.

The Republic's wireless telegraphy had given out and only her submarine bells were left to guide the other boats to us. Night was coming on, the wind was rising and still the Baltic had not appeared, but about seven or eight o'clock in the evening there came into sight the welcome lights of the Baltic and other boats. It had truly been a terrible ordeal and we still had more to undergo, for after a conference of the captains of the different ships it was deemed safer to transfer us at once to the Baltic instead of waiting for daylight. This was much more trying than the first, as the sea was now rough and the night very dark. Searchlights were used and all were taken across without serious mishap. One of our party had to go in the boat preceding the one the rest went in, but this was done as courageously as everything else. We had agreed to do exactly as we were told, but did hope we might keep together. We have said nothing of Binns, the faithful operator who manipulated the wireless telegraphy. Had he not been at his post faithfully flashing out messages for help as long as the storage battery lasted this would never have been written.

"Yes, we are always wondering, wondering how,  
Because we do not see  
Someone unknown perhaps, and far away  
On bended knee."

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### THE THIRD YEAR.

This is one of the most important questions before us at the present time. The two extreme points of view are represented by those who, on the one hand, hold that a two years' course is quite sufficient for a nurse's training, and those who, on the other hand, would overload the third year curriculum with subjects, which, however scientific, useful or admirable in themselves, are not the best subjects to occupy the attention of a nurse. We present in this issue the views of some Canadian nurses and Superintendents on this subject, and we should be glad to hear a further expression of opinion from any of our readers.

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### SYMPATHY.

Many qualities make up the perfect whole represented by the ideal of a nurse. Some qualities are essential, some are highly advantageous, some though only ornamental, are like the grace of life, and the love of learning, more beautiful and satisfying than anything that can be placed on the market or bought with a price. A patient who had been very ill for a long time said last week to the doctor: "This nurse has done more for me than any other nurse I ever had. She is not nearly so anxious to get off on the minute as the other nurses are." She really

seems to take an interest in me and feel sorry for me." That is one of the indispensable qualities of the ideal nurse. Is it becoming rarer? The pioneers of the nursing profession, the nurses of the Nightingale era, were sympathetic. The world knows it, and remembers it. The best type of the modern nurse is not more scientific, or more thoroughly trained, or more efficient, or more anything, than she is sympathetic. Sympathy is a pearl of great price in the nurse.

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### HALF A MILLION.

It is cheering to the mind and heart of anyone who cares for the sick to know that some of the rich do not forget the poor—and the children of the poor—who are sick. Nothing in the Christmas papers gave "The Canadian Nurse" more pleasure than the following editorial in "The Globe," entitled:—

#### "The Sick Children's Santa Claus."

"When it is said that Toronto's rich men do little relatively for charity's sake, a few notable exceptions must be made to the statement. Probably no institution on the continent has a more generous friend than the Sick Children's Hospital has in Mr. John Ross Robertson. The Hospital had rather a heavy overdraft at the New Year and Mr. Robertson sent along a check for \$10,000. Nothing has been said of the gift in "The Telegram"—probably nothing will be said of it save in this column. Only a short time ago Mr. Robertson gave the Hospital a Nurses' School and Home at a cost at least \$135,000. His gifts to the Hospital proper on capital account and for maintenance have never been totalled up, because no one save Mr. Robertson knows how much they have been and he won't tell. It would not be surprising to learn that first and last the Sick Children's Hospital and the Lakeside Home have benefited to the extent of almost half a million from Mr. Robertson's admirable Santa Claus habit. That is a somewhat startling figure for our rich men to live up to. Doing good by stealth, as Mr. Robertson does it, has its disadvantages. It cannot be used as effectively in spurring on others as can the subscription list method."

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### KAI TIAKI.

Kai Tiaki (The Watcher—The Guardian) the journal of the nurses of New Zealand, is just completing its first year, and in appearance, in content, in spirit and in achievement, is a journal to be proud of. Like "The Canadian Nurse," it began as a quarterly, and we confidently predict that it will not be long before it is a monthly magazine. We have read the quarterly number for October with interest and delight and are already looking forward to the first issue for 1909, which should reach us before these words reach our readers. Kai Tiaki has made

New Zealand nurses known to each other and known to the world and thus has promoted the union and progress of the profession.

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### BY CABLE.

Canadian nurses have been cabled for. That very progressive, world-wide, and courteous Corporation, the Canadian Pacific Railway Company, have received a long cable from London, and have approached the "Canadian Nurse" for a list of delegates from Canada to the International Council of Nurses in London next summer. You should try to go. The cost will be moderate, the C.P.R. say, and the benefit will be great. We shall be glad to hear from nurses who are thinking of going.

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## Editorial Notes

### Great Britain.

**Nursing in the Territorial Force.**—Miss Haldane, Colonel Macpherson and others, have been explaining the plan of the Territorial Force. It is considered that Mr. Haldane and the War Office deserve great credit for the plan and for its development.

### England.

**Nurses for the Women Prisoners.**—The suffragettes have done several good things, as Dr. Chesser points out in the *Contemporary*. We now know prisons from the inside. Only two prisons have trained nurses in their infirmaries. More will now be appointed.

### Scotland.

**Nurses' Registration.**—At a large and representative meeting of the Royal College of Physicians of Edinburgh, the question of Registration of Nurses in Scotland, was considered. It seems that the English bill as it stands is not suitable for Scotland, and a small committee was then and there appointed to consider the bill in detail and frame a scheme suitable for Scotland.

### Canada.

**Lectures by Dental Surgeons.**—An excellent lecture delivered to the nurses of Grace Hospital, Toronto, last year was by Dr. R. J. Reade, on "The Relation Existing between the Pathological Condition of the Mouth and General Systemic Disease." It is to be hoped that more of our hospitals will introduce lectures on this and similar subjects.

### New Zealand.

**Assistant Inspector.**—An Assistant Government Inspector of Private Hospitals and Midwives has just been appointed in New Zealand. Miss Bagley and Miss Bicknell are the two assistants under Miss Maclean. Both ladies are New Zealand

trained nurses—one from Wellington and the other from Dunedin.

#### **The Dominion of New Zealand.**

**Extravagance.**—The Inspector-General of Hospitals in the Dominion of New Zealand, who has charge of 53 hospitals, advises that a question in Hospital Economics dealing with the cost of fuel and the average charge of 1,000 feet of gas, should be included in the final State examinations. Yes!

#### **Western Australia.**

**Nurse Inspector of Hospitals.**—Sister Blackburn of the Perth Hospital, has been appointed at a salary of £150 per annum with an assistant at £120 per annum, to be Nurse Inspector of Hospitals, in Western Australia, under the Government Charities Department. Both positions are new ones.

#### **The United States.**

**Visiting Nursing.**—A very valuable book on visiting nurses has been in preparation for two years by Miss G. G. Waters, of the Nurses' Settlement, New York. The scope of the book is wide, and we all look forward with great interest to reading it.

#### **The Tuberculosis Exhibit in New York.**

We regret that pressure on our space has been so great that we are obliged to defer this subject to our March issue.

#### **France.**

**Inauguration of the School of Nurses.**—The new school of nurses of the Saltpetrière Hospital, Paris, under the Assistance Publique, has just been inaugurated. The ceremony was a brilliant one, and speeches were delivered by M. Cruppi, President of the Board of Trade, the President of the Paris County Council, and M. Mesurier, Director of the Board of Charity. The pupil nurses of the School, 170 in number, were present, also a very large number of distinguished visitors, clerical and lay.

#### **Belgium.**

**New Nurses' Magazine.**—A new monthly magazine for nurses, printed entirely in Flemish, has just appeared in Belgium.

#### **Korea.**

**Graduating Exercises.**—Our old friend, Dr. Avison, so well and kindly remembered in his old Canadian home in Toronto, delivered the graduating address at the graduation of seven Korean nurses at Severance Hospital, Seoul, Korea. Miss Shields, the Superintendent, also addressed the nurses, and Mrs. Liu, a Korean lady.

## WHAT SHOULD BE TAUGHT IN THE THIRD YEAR OF A NURSE'S COURSE.

From Miss F. E. Sharpe, Lady Superintendent, Woodstock Hospital:—

This is the rule for study and work during our third year in this hospital:—

During the first six months—Lectures on obstetrics and the practical care of mother and child.

Practical Dietetics—Lectures and demonstrations by Domestic Science teacher.

Infant feeding and preparation of food.

During the last six months—Assistant in operating room and charge of junior nurses' work in the wards, for three months.

Charge of operating room and care of all Hospital Supplies; charge of senior nurse's work in wards. Attending to superintendent's work during her absence.

This Hospital does not employ any graduate nurses. All the work in the Hospital is done by the pupil nurses. Where special nurses are required graduates of the Hospital are engaged.

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From Miss F. Wilson, Lady Superintendent, Winnipeg General Hospital, Training School for Nurses:—

Your letter received this morning. You ask for my views on "what should be taught in the third year of a Nurse's course." You have not given me much time to say very much on the subject, but it is one I am very much interested in especially in three years being necessary to give a thorough training in general nursing.

The subjects we put most stress on during the third year of training here are:—Management, Operating Room work, District work and Special Duty, for the practical part, and their studies consist of Surgery, Infectious Diseases (following classes and training in Intermediate year), Nursing of nervous diseases, and anaesthetics and their administration, the last subject being necessary for nurses taking positions in small hospitals throughout the West where so many of our nurses go.

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From Miss Stewart, New York.

With the two to six months' preparatory course, which is becoming the rule in most up-to-date hospitals it seems to me that all the general subjects required to put the pupil nurse in right relationship to her hospital duties, ought to be covered in the first two years. This leaves the special subjects, such as electro-therapeutics, skin diseases, massage, the nursing of nervous diseases and obstetrics possibly, to the third year. Since all of these special subjects cannot be covered thoroughly by all, and since the student has probably by this time developed a taste or a special capacity for some one line of work, this would seem to be the best time for her to select the line of her future activi-

ties. In order that she may choose thoughtfully and intelligently, she should know the whole scope of the possibilities presented by her profession. Many a nurse has drifted into private nursing, because a hospital position did not present itself, or was not solicited and there seemed nothing else to do. Now that such an infinite variety of social activities are open to nurses, it would seem very important that she should know something at least of the opportunities that are hers—that she should also consider which of the many phases of the work, she is best fitted for—and which she will probably choose.

The practical work of the year will then be arranged, so as to give each nurse as far as possible, a larger proportion of the experience and training she specially requires. The subjects taught will be those which deal with all these special departments, including the social aspect of nursing, the relation of the nursing profession to the other branches of philanthropy, the special care of nervous patients, of insane patients, of children, occupation for convalescents, the private nurse's responsibility to her patient, the family, the physician, her professional associates, herself. This larger question is usually summarily disposed of in a sort of valedictory address at graduation exercises, and the newly-fledged nurse goes out into totally new conditions, to learn a great many very ordinary but very essential things, through failure and bitter experiences.

The graduate who aspires to institutional work is often little better. It requires, not one but a series of lectures to give even a rudimentary knowledge of hospital administration and organization, the question of laundry, of buying, of accounts, and many other executive details which the smallest hospital has to deal with, and which should not be left to the doubtful hit and miss, of experience.

All these things help to put the senior nurse in a proper relation to her life work. But she may still remain a narrow gauge nurse, and so far as the profession is concerned, a drone in the hive, if she has not been impressed with her duties and responsibilities to the great body of workers. Could a place not be found somewhere in the third year, for the discussion of the broader aspects of nursing, the work of the societies, the involved nursing problems, the great movements, the literature of the profession? It seems to me this is the weakest spot in our training schools.

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### THE WOMEN'S HOSPITAL AUXILIARY OF ORILLIA.

How to make money easily, and have, at the same time, many a pleasant social gathering, is a subject upon which the Women's Hospital Auxiliary of Orillia is at any time quite competent to give advice.

This auxiliary is only two years old, but in May last, when the Orillia Hospital was opened, they were ready with everything necessary for a perfectly-equipped hospital of eighteen beds. The Superintendent, Miss Nellie Johnson, found none of the hardships incidental to a new institution where many priva-

tions are endured because of lack of funds, and she is thus able to make the hospital the unqualified success she is certainly doing.

Their latest endeavor was a bazaar lasting three days in November, at which they cleared the satisfactory sum of one thousand two hundred and sixty dollars. Five hundred of this is to be devoted, when spring opens, to developing the possibilities of beauty which the large grounds about the hospital give promise of.

The preparation for the bazaar extended over two months, and was the work of the ladies only, no merchant or business man being asked for aid of any kind whatever.

On the opening day, the large irregular lecture-room presented a pretty sight with its gay booths decorated in some appropriate way. The first booth was presided over by Mrs. J. B. Tudhope and contained home-made cooking, principally Christmas specialties. Here was the most delicious mince-meats, puddings and Christmas cakes, and Mrs. Tudhope was besieged for recipes. No one grudged this difficult booth the honor of making the largest sum, its share in the treasury being one hundred and seventy dollars (\$170).

Next to that was Mrs. Inglis Grant's booth, which was all in white with festively dressed dolls perched on every white shelf, and gaily suspended from a green Christmas tree. Early in the evening of the last day, Mrs. Grant and her assistants were seen folding up their white draperies, for the last little beauty had been sold.

Next was an alcove which formed a pretty shelter for Mrs. Diggles' Handkerchief Booth. This lady, with great business foresight, had sent to friends in London and procured a large number of dainty colored French and English handkerchiefs. Some of these had been utilized for kimono, collars, dresser-scarfs, and bags for all purposes, while others were sold as they were. These were so fetching and were marked so reasonably, that Mrs. Diggle had to supplement her stock from down town long before the sale was over.

Beside this was the platform, and it was occupied by Mrs. Geikie's picture display. The Orillia artists had generously donated paintings to this, in addition to which the ladies had procured good prints which they had had framed, and many other dainty things which they themselves had framed with passe-partout, or made into calendars. This gallery looked so fine with its dark-red background, that it was always crowded with those who came to admire and remained to buy.

Next to that was the Apron Booth with Mrs. McPherson presiding. Here were several hundred aprons of varieties to suit all people and all purposes. Not even the doll was forgotten. The last day this booth was only a bare little corner gay with Union Jacks.

The next space was an artistic corner in yellow and white with Mrs. A. E. Ardagh at the head. Here you could buy anything in chintz from curtains and shirt-waist boxes, down to scrap-baskets and needle-books! Mrs. Ardagh, also had charge

of a Curio room which contained various curios, also things of long ago owned by old Orillia families. Here was the cup won by Jake Gaudaur as champion sculler of the world, and the flag presented to Jack Miller when he brought home his lacrosse team from their tour around the world.

Next was Mrs. John Scott's Baby Booth, all in pink and white, where were all sorts of gifts and cunning little garments for the little rulers of our homes.

Beyond that was the Fancy Work, presided over by Mrs. Clarke. Here were so many exquisite things that one felt sure these ladies must have spent long hours over such a display of clever workmanship.

The next booth was one which tempted all the coins from the pockets of the young people, for here Mrs. M. B. Tudhope had a most tempting display of fancy home-made candy in all varieties of basket and box. To visit this booth was only to return again and again.

The last booth was the Lingerie, where Mrs. W. H. Tudhope reigned. Every style of shirt-waist was here, from the evening lace blouse, to the ordinary one for morning wear. In addition to these dainty underwaists and collars were on sale, either donated by some lady, or made by the skillful fingers of this industrious committee.

A Tea-room opened from the larger room, and this was the cosiest, happiest spot imaginable, with its scarlet draperies, its red-shaded lamps, and its pretty black-robed attendants with their white aprons and caps. The hand-painted menus showed an inviting afternoon list of dainties. One could enjoy a visit with friends over a cup of tea, or cocoa or bouillon, with hot biscuit, toast or cake.

From twelve to two a delightful four-course luncheon was served. This consisted of hot bouillon, chicken, ham and salads, tartlets, cheese, celery and coffee. It was designed for the husbands of the busy ladies, and proved to be one of the attractive features of the bazaar. The little family groups that appeared day after day about the tables told what a successful scheme this was proving.

A charming evening concert by Mr. Lissant Beardmore of Toronto, assisted by local talent, was another attractive feature.

The plans for this bazaar and their successful carrying-out are due to two ladies, Mrs. Gilchrist and Miss Beaton, to whom the Auxiliary has learned to entrust the management of any scheme for raising money, sure that every detail will be perfect, and the money required appear magically at the end of a few pleasant days.



## THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

President—Mrs. C. J. Currie, 175 College St., Toronto.

First Vice-President—Miss Annie Robinson, Superintendent, General Hospital, Galt.

Second Vice-President—Mrs. S. H. Tilley, 228 Johnston St., Kingston.

Treasurer—Mrs. Thomas Roden, 127 Dunn ave., Toronto.

Recording Secretary—Miss Julia Stewart, 134 Yorkville ave., Toronto.

Corresponding Secretary—Miss E. R. Greene, 418 Sumach St., Toronto.

Board of Directors:

Miss Brent, Superintendent, Sick Children's Hospital, Toronto.

Miss Mathieson, Superintendent, Riverdale Hospital, Toronto.

Miss Barwick, 644 Spadina Ave., Toronto.

Miss Woodland, Superintendent, Western Hospital, Toronto.

Miss Lennox, 107 Bedford Road, Toronto.

Miss Hamilton, 608 Church St., Toronto.

Mrs. Yorke, 400 Manning Ave., Toronto.

Mrs. Paffard, 51 Poplar Plains, Road, Toronto.

Miss M. Christie, 19 Classic Ave., Toronto.

Miss Eastwood, 206 Spadina Ave., Toronto.

Miss Graves, St. Michael's Hospital, Toronto.

Miss Mary Gray, 505 Sherbourne St., Toronto.

A meeting of the Executive of the G.N.A.O. was held at Grace Hospital on Tuesday, Jan. 19th, at 8 p.m., with the President, Mrs. Currie, in the chair. There were present Mesdames Paffard, Roden and Yorke, and Misses Mathieson, Woodland, Greene, Hamilton, Gray, Carnochan and Stewart. A number of matters of importance were gone into, among them being the appointment of one of our number to assist one day a month at the Employment Bureau for Women, established at the City Hall by the Local Council of Women.

Miss Greene presented several letters received in reply to those sent out asking for suggestions in regard to making the Annual Meeting more interesting. Several helpful suggestions have been received, also contributions from several Alumnae Associations, to help defray the expenses of the meeting.

Miss de Witte, assistant editor, American Journal of Nursing, has kindly promised to be present, and read a paper on "Some Problems of the Private Nurse."

A number of applications for membership were accepted, and it was decided to have the names of the officers of the Association appear in the "Canadian Nurse" each month.

Miss Carnochan, assisted by Mrs. Currie, was appointed to arrange for the Toronto Chapter course of lectures, and it is hoped soon to have a lecture from President Falconer. The Committee then adjourned, to meet again in February.

JULIA STEWART,

Secretary.

## **Official Department**

### **ALUMNAE ASSOCIATION, TORONTO GENERAL HOSPITAL.**

President—Lucy Bowerman, 349 Sherbourne Street.

First Vice-President—Ida Beam, 728 Spadina Avenue.

Second Vice-President—Annie Hartley, T.G.H.

Recording Secretary—Miss Lindsay, T.G.H.

Corresponding Secretary—Ida L. Burkholder, 728 Spadina.

Treasurer—Marion E. Hall, 18 Earl Street.

Board of Directors—A. J. Scott, Grace Hospital; M. Tweedie, 53 Langley Avenue; Edith Hargraves, 146 Winchester Street.

Conveners of Committees:

Sick Visiting—Elizabeth Field, 505 Sherbourne Street.

Registration—M. E. Christie, 19 Classic Avenue.

Programme—Mrs Feeney, 44 Willcocks Street.

Social and Lookout—Miss Richardson, 551 Sherbourne St.

Press—S. Caroline Ross, 1 Selby Street.

Central Registry—Miss Purdy, 551 Sherbourne Street; H. Fralick, 728 Spadina Avenue.

Canadian Nurse Representative—Miss Lennox, 107 Bedford Road.

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### **THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.**

For the year ending Oct. 15th, 1908.

Officers for 1908-09: Miss Barnard, President; Miss A. Clarke, 1st Vice-President; Miss L. Adams, 2nd Vice-President; Miss A. Robertson, Recording Secretary; Miss B. Goodall, Corresponding Secretary; Miss M. Wilson, Treasurer; Miss M. Gray, 505 Sherbourne St., Secretary for "Invalid Cookery"; Misses M. Hally, E. Jamieson and M. Ellrington, Directors; Miss J. Hamilton, 608 Church St., Convener of General Business Committee; Miss Sales, Miss McQuaig and Miss J. Gray.

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### **THE ALUMNAE ASSOCIATION OF THE COLLING- WOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.**

Officers for 1908-09: Hon. President, Miss Morton; President, Miss G. Morrison; First Vice-President, Miss P. J. Cottrill; Second Vice-President, Miss Ella Baker; Secretary, Miss J. E. Carr; Assistant-Secretary, Miss E. M. Dawson; Treasurer, Miss M. M. Redmond.

Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the Board Room of the Hospital.

## QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received appointments as Staff Nurses:—Misses A. C. W. Teevan, A. H. Esden, E. B. Black, M. Black, M. E. Stewart.

### Matrons.

Miss C. Hutton Potts, to M.H.P., Wynberg, S.A., from M.H.P., Standerton.

### Sisters.

Miss K. Roscoe, to M.H.P., Cairo, from M.H.P., Khartoum.  
Miss E. M. Pettie, to M.H.P., Khartoum, from M.H.P., Cairo.  
Miss A. Willes, to M.H.P., Tidworth, from R.V.H.P., Netley.  
Miss W. Potter, to M.H.P., Devonport, from M.H.P., Canterbury.

Miss E. M. Denne, to M.H.P., Harrismith, S.A., from M.H.P., Bloemfontein.

Miss F. G. P. de Stourdza Zrinyi, to R.I., Dublin, from duty on S.S. Plassy.

Miss M. M. Tunley, to R.V.H.P., Netley, from duty on S.S. Plassy.

Miss E. M. Lang, to S.S. Plassy, for duty, from M.H.P., Tidworth.

Miss B. N. Daker, to M.H.P., Devonport, from M.H.P., Canterbury.

### Staff Nurses.

Miss M. A. Roe, to M.H.P., Devonport; Miss I. M. L. du Sautoy, to R.V.H.P., Netley; Miss W. M. Gedye, to R.V.H.P., Netley, on appointment.

Miss H. M. E. Macartney, to M.H.P., Cairo, from M.H.P., Khartoum.

Miss M. Davis, to M.H.P., Khartoum, from M.H.P., Cairo.

Miss E. K. Kaberry, to M.H.P., Colchester (temp.), from Egypt.

Miss K. E. Hearn, to S.S. Plassy for duty, from M.H.P., Colchester.

Miss M. D. Woodhouse, to R.H.H.P., Woolwich, from duty on S.S. Plassy.

### Arrivals.

Miss H. W. Reid, Matron, from South Africa.

C. H. KEER,

Matron-in-Chief, Q.A.I.M.N.S.

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## THE CANADIAN NURSE.

One of our subscribers, in answer to a request in the January number, has kindly sent "The Canadian Nurse" for 1905 and 1906, complete with the exception of the March, 1906, issue, to Mr. John Ross Robertson. Will some one kindly send a copy of March, 1906, to Mr. John Ross Robertson, so that the library of the Sick Children's Hospital, Toronto, may have a complete file.

## HOW CAN SKILLED NURSES BE SECURED IN THE HOMES OF THE WORKINGMAN?\*

That there is a need for skilled nursing in the homes of the workingman is evident from the interest you have shown by attending this Convention.

This need has been recognized not only by that portion of the public who have the welfare of humanity at heart; but by nurses in general, and the visiting nurse in particular. In her rounds among the sick poor she soon finds on her list of patients many who were not always physically and financially helpless. Long illness, lack of work, or losses in various ways may deplete even a plethoric pocketbook, and the family who have an abundance to-day, may be in penury to-morrow. Finding this true in many instances, she can more readily understand how faint is the line between the sick poor for whom she cares, and the world's workers representing the bone and sinew of the nation. Knowing this, she believes that any expedient tending to make the crossing of the line less possible should be welcomed. In short, anything that would benefit the laboring men and at the same time not infringe upon others should be adopted. A sliding scale of prices to fit all cases, similar to that employed by physicians, has been suggested; but it will be obvious that this is not feasible.

The nurse is not a physician, in her work there is a constant strain which soon undermines even the strongest constitution. Her income therefore is limited to a shorter number of years and thus it would be unwise to vary her price according to the financial standing of the family cared for. The strenuous life while employed, the extra probation work now required, the limited duration of employment, tend to deter the applicant from entering our hospitals. That this is true is evident from the fact that there are fewer entering our hospitals than formerly. On the other hand there are people who love their dollars so well that if it were possible to obtain a nurse at a lower wage by pleading poverty, they would not hesitate to do so. A fear of pauperizing people has also been a hindrance in meeting the need for skilled nursing.

"It has been truly said that Man the citizen is robbed of his birthright, when in his distress we take from him or permit him to relinquish any least part of his power of self-help."

While this is vitally true, yet many jump to the conclusion that only the poor are subject to the moral atrophy, pauperism, and parasitism.

In these days, when the word "graft" is on almost every tongue, it seems as if even those who have wealth, unless they are independent and honest to the core, try how much they can obtain without toiling for it. Pauperism as a vice cannot be laid alone at the door of the poor; for what is pauperism but a desire to obtain something for nothing?

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\*A paper read before the Michigan State Nurses' Association.

So in our desire to bring comfort and health into the homes of the working man of moderate means, we must not think of pauperism as a vice to which the poor are especially subject, but a vice found in the whole human race, liable to fasten itself on people of wealth as well as others.

At a recent discussion on Skilled Nursing for the small wage earner, one nurse did go so far as to say "that in her opinion there was no cause for anxiety because of lack of good nursing for the family of moderate means." She said in effect: "The nurse ought not to feel as if this burden was her burden. The shoemaker was not anxious that all should be supplied with shoes, the baker did not expect to see that all were furnished with bread." She thought that the public should look after such matters.

Now, it is a well known fact that everybody's business is nobody's business, and unless some one really cares and plans to supply this need and sees that the want is met, it will not be done.

The question then is can we bring physical comfort without endangering the virile stamina of those we wish to help, or infringing upon the right of others? To me it is possible, but could best be accomplished through the co-operation of classes of individuals. Believing if we would really help people, we must do things together, with them, not for them, and that those who truly help their fellow men, love to see them made whole and strong, not weak and dependent, we would suggest the following plan.

Please remember that these are but suggestions which have come to me through observing the social conditions in many homes.

We believe they have a practical value, and could be successfully carried out and that the plan would be equally efficient in a small town or in a city.

This thought came to me first. There is never any great need in the world without a possibility of supplying that need. It is evident that skilled nursing is needed in many a workingman's home. The question then is: How can that need be supplied?

Every laboring man or woman, no matter what his race, condition, color, or creed belongs to some church, some society, some club or some mission. Let each member pay according to his or her ability a fee to his church or club whichever it may be.

Such fees would form a fund to be placed in the hands of the Visiting Nursing Association for the purpose of securing a nurse or nurses according to the amount of the fund deposited.

It may be said, why with the Visiting Nursing Association? Why not let it remain with the society where the fund originated? For this reason: The Visiting Nursing Association is free from political, class, or sectarian prejudices, prepared to work with anyone, interested in the poor, the friend of the laboring man, and capable, because of long years of experience, to deal with a variety of cases in a variety of homes.

If the Association had charge of all fraternity nurses, the different societies would be relieved of the burden such an undertak-

ing would imply and needs would be supplied by those experienced in dealing with them.

Suppose some of you belong to the Modern Woodmen—and the society had such a fund on hand. All that would be necessary for you to do in case of sickness would be to telephone to the Association, and a nurse would be sent to the sick member.

No one of the society would lose either time or sleep, as a skilled worker would be in charge of the case.

It may be said, that many join the societies because of the benefits received during illness, and that the duty ought not to be delegated to another.

True, yet you who believe that the Gospel must be sent to those who have never heard of Christ, know that the skilled worker goes to the foreign country, and that all who make it possible for him to go help equally.

So, one most truly aids a member of his society, when one sees that the sick are cared for by skilled hands.

The burden has not been placed, as it too often is, upon a few.

The presence of a nurse would not hinder any extra assistance the members might desire to give or bring, to show affection or regard.

From a humanitarian point of view, we would all find this arrangement especially helpful, from the fact that everyone who was ill would be cared for, and that would prove a bond, binding us as a people into a universal fellowship.

on the members, varying in amount according to their usual sub-

In case of a greater amount of sickness than usual, if the funds deposited were not sufficient, an assessment could be levied in proportion. Possibly half as much per week or per month as this ought to be able to meet all needs.

This plan for supplying skilled nursing in the homes of the small wage-earners will eliminate any feeling or thought tending towards dependence.

Another plan which might be used to advantage would be the formation of Fraternity or Sorority Clubs, each club raising a sum equal to the salary of a nurse, or more if desired.

It would necessitate more work for the society but might satisfy some people better, who would prefer to have the nurse under their own supervision and employ any particular nurse the club might choose.

Elizabeth Barrett Browning tells us—

“The least flower with a brimming cup may stand  
And share its dewdrop with another near.”

We may have little to give toward supplying a nurse for the church or club to which we belong, but if we do our best our best will better grow, and we will have the joy of helping someone else, and yet know we are doing nothing to destroy our self-respect or theirs.

True love manifests itself in being mutually and actively helpful to one another.

Details have been omitted in the given plans, as it seemed to me each society or club of the town using this plan could more easily supply details and thus adjust themselves to their own environment.

Grand Rapids.

FLORA L. NIEMAN,  
*District Nurse.*

### • THE CANADIAN NURSES' ASSOCIATION.

The second lecture of the course of the Canadian Nurses' Association was held on Tuesday evening, Jan. 5th, in the Medico-Chirurgical Society's rooms.

The President called the meeting to order at 7.30. The minutes of the last meeting read and adopted and two members were added to the roll.

At 8 o'clock, Dr. H. D. Hamilton (specialist for diseases of nose, throat and ear), delivered a very interesting and beneficial lecture. He demonstrated the use of the post nasal syringe, its danger if ignorantly used and its value if introduced with skill and knowledge. A warning was given to be firm and gentle when operating with children as one of these virtues was not sufficient in itself, but both were needed to bring about the desired effect. Many other valuable suggestions were given that will be most helpful in our sphere of work. After which the social cup of coffee was enjoyed and the meeting brought to a close.

A short time ago a meeting of graduate nurses was held at the residence of Miss Purvis, when an association was organized to be known as the Brockville Graduate Nurses' Association. The following officers were elected:

Hon. President—Miss Bennett.

President—Miss Margaret Carson.

Vice-President—Miss Katherine Purvis.

Secretary-treasurer—Mrs. V. A. Lott.

The president, vice-president, secretary-treasurer, together with the Misses Ringer and Bates will constitute the executive committee.

A special meeting was held on Wednesday, Nov. 25th, at the home of the president, with an attendance of fourteen members, when matters of much importance were discussed.

The object of this association shall be the maintenance of the honor and character of the nursing profession and the promotion of unity and good feeling among the members. The next meeting will be held at the General Hospital on Tuesday, Dec. 22nd, at 4 p.m.

## Hospitals and Nurses

Mrs. Grace Neill of New Zealand, who has done so much for the nursing profession there is now residing in Butte, Montana, with her son.

Miss Anna A. Hawley, V.O.N., head nurse for the past eighteen months of the Queen Victoria Hospital, Yorkton, Sask., has been transferred to the superintendency of the Lady Minto Hospital, Minnedosa, Man.

This hospital which has recently been erected, will be officially opened in a few days. In the meantime Miss Hawley is spending a short holiday in Winnipeg, a guest at the Royal Alexandra.

Previous to Miss Hawley's departure from Yorkton she was the guest of honor at a large, delightful "At Home" at Holy Trinity Vicarage. A pleasing feature of the evening was the presentation to Miss Hawley by Rev. F. C. Cornish, on behalf of the Junior W.A., of beautifully bound copies of "Church Service," suitably inscribed as a token of their esteem and affection.

In making the presentation, Mr. Cornish expressed the regret which all felt in losing Miss Hawley from their midst—the hospital an efficient, faithful nurse—Holy Trinity, a loyal staunch churchwoman, and an enthusiastic worker. He assured her that the best wishes of hosts of friends followed her to her new field of duty.

In reply, Miss Hawley feelingly thanked the donors for remembering her in such a thoughtful, tangible manner—equally did she appreciate the loving thought which prompted the gift and the kind words accompanying it. She expressed sincere and keen regret in severing her connection with the Queen Victoria Hospital and Holy Trinity Church. She referred to the cordial greeting which had been given her on arrival many months before—a stranger—the utmost kindness she had been shown since—and that in her heart there would ever remain a warm corner for the people of Yorkton.

In speaking more personally to the Auxiliary members, she said there was an undercurrent of sadness in the thought of meeting with them no more—that she had been very, very happy in her membership with the Yorkton branch and though she went into a new field of duty to another diocese, her thoughts would often be with them, and she would ever be interested in all their work. She congratulated them on what they had accomplished in the past and felt confident with God's continued blessing they would go on to even "greater things" and be a source of great strength in the parish.

She heartily thanked the president and hostess for the compliment of the evening—the Vicar for his kind words and told the Auxiliary girls that the pleasing souvenir would ever be a charming, valued reminder of her sojourn amongst them and of their work together.

Miss Hawley was also the recipient of a valuable gold clock from the Queen Victoria nursing staff, and a five o'clock tea set from the employees of the institution.



At the December meeting of the Alumnae Association of Winnipeg General Hospital, officers for the management of the Journal were appointed as follows: Literary Editor—Miss M. A. Coltart, Winnipeg General Hospital. Business Editors—Mrs. Bruce Hill, 290 Langside St., Winnipeg; Miss Kate Cotter, 278 Sherbrooke St., Winnipeg. Editor Personal Column — Miss Inga Johnson, Winnipeg General Hospital. Manager Mailing Department—Miss Mabel Gray, Winnipeg General Hospital.

Mrs. J. Hamilton, of H.S.C., gave a very instructive talk to a class of fourteen nurses in the operating room on the 6th Jan., '09. Subject—"The Nurse on Private Duty."

Miss Hersey, who has been acting superintendent of the Royal Victoria Training School for Nurses, has been unanimously appointed to the permanent position of Lady Superintendent by the House Committee and Medical Board of that institution.

Miss Gilmour (R.V.H.), who spent last summer in one of Dr. Grenfell's hospitals in Labrador, left Montreal early in January to take up Settlement work in New York.

Miss Fairservice (R.V.H.), who has been doing private nursing in New York, has returned to Montreal and is in charge of a ward in the Royal Victoria Hospital.

Miss M. L. Mellefont has been sent to Brockville, Ont., to open the branch of the Victorian Order there, and Miss U. King, to Galt, Ont., to begin the work in that town.

Miss Teresa McCutcheon has been appointed senior nurse in the Ottawa Home.

Miss Alberta Clarke is Miss Eastwood's assistant in the Toronto Home.

The Emmanuel Church, Montreal, in conjunction with the Montreal Branch of the Victorian Order of Nurses, has started a Tuberculosis Class on the lines laid down and followed so successfully in Boston by Dr. Pratt. Miss Davidson, a V.O. nurse, is the visiting nurse for this class.

A correspondent from British Columbia writes: "Is it true that the Ontario nurses have been given legislative protection this year? If so, would you kindly send me any printed matter you have on the subject. We certainly need legislative protection here. British Columbia has a floating population. Many nurses come here from the Old Country, Australia, and other places. Some are of high standing, others perfect shams. All other professions insist on a six months' residence, and the passing of a provincial examination. Why shouldn't we? Wish you would spend your next holiday in B.C. It would be more satisfactory than letters."

The meetings of the Trained Nurses' Club of Victoria, B.C., are held on the first Tuesday afternoon of each month at 3.30 p.m. The membership is thirty. After the business for the month has been settled, and lecture given, the members enjoy a cup of tea. Each month one nurse supplies tea, cream and another cake.

While we sip tea, we have a social chat before adjournment. The "Club" is not new, having been organized February 8th, 1905.

The following nurses have passed the examination in anatomy and physiology at the General Hospital, St. John's, Newfoundland: Myra Taylor, Marion Macdonald, Ada Hubley, Bertha Horsey, Grace Gardner. Forty-five per cent. pass. The General Hospital at St. John's, Newfoundland, is now occupying two new wards with twenty-two beds in each, and they look very nice.

Miss Anna Hawley goes to Minnedosa to take charge of the new Lady Minto Hospital there, Jan. 15th.

Miss Anna White is the Superintendent of Queen Victoria Hospital, Revelstoke, B.C.

The new Calgary General Hospital has now its roof on, and the work of finishing is being proceeded with from inside. The opening is hoped for in August. When fully completed and equipped, there will be 225 beds. The new hospital has the most beautiful situation, on a lovely grassy plateau above the bench overlooking the clear, ice water of the rapid Bow River, to which the grounds slope in a series of benches, in view of St. George's Island and the City of Calgary. On the west, the view is more than superb, for stretching in a direct line of horizon from north to south are the magnificent peaks of the Rocky Mountains. Simply the sublimest view in the world, one that brings peace and rest to the weary and a veritable mine of ever-changing light and shade to cheer and interest the convalescent. The Woman's Hospital Aid of Calgary are undertaking the task of furnishing it as far as possible, and the Girls' Auxiliary hope to be able to furnish and keep in supplies the children's ward. Under Miss Jessie Scott (T.G.H.), as the matron of the present hospital, the work has increased so rapidly that it will be a great relief to all in the work, when the new hospital is ready for occupation.

On December 23rd, the staff gave a Christmas tree for the patients and nurses, the Girls' Auxiliary supplying presents for all.

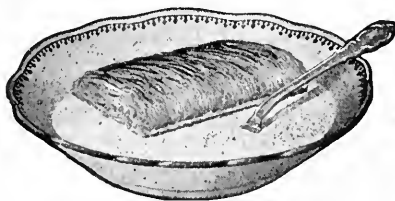
The annual Christmas tree festivities at Jeffery Hale's Hospital which, according to custom in this institution, are shared by the nursing staff and patients, were held on the 22nd Dec., and were pronounced universally successful. The guests, who included in their number the medical staff, graduate nurses of the training school, and a large number of representative citizens and others interested in the work of the Hospital and the Training School, were received by Miss Molony, the Lady Superintendent, and her assistants, in one of the handsome wards of the McKenzie Memorial Building, which was charmingly decorated for the occasion. Santa Claus was of course on hand, in most cheery mood, and distributed liberally from a most judiciously chosen store of Christmas gifts and characteristic "quips." A programme of choice music was rendered by friends of both sexes, in a manner that would have graced a far more preten-

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tious stage: A "Pierrot" performance in particular meriting the loud encores with which it was greeted. Advantage was taken of such a large gathering to present to two graduating members of the Training School—Miss Margaret West, Quebec, and Miss Effie Dixon, Montreal—their diplomas and medals on completion of their course, and passing of satisfactory examinations. A suitable address, especially devoted to the graduating nurses, was made by the Rev. A. T. Love, the diplomas being presented—in the absence of the President—by one of the Governors, Mr. John Hamilton, and the medals were pinned on by the Lady Superintendent.

Miss Helen Hunter, Jeffery Hale's Hospital, Class '04, has recently been appointed Lady Superintendent of the Red Cross Hospital, New York, N.Y.

Miss Shaw, Assistant Lady Superintendent, Jeffery Hale's Hospital, spent the Xmas holidays in Montreal.

A Diet Kitchen has been recently equipped and put into running order, at the Jeffery Hale's Hospital, under the excellent supervision of Miss Mary Shaw, M.G.H., Class '05.

Battleford General Hospital had in September and October twelve typhoid fever cases. One family of eight children. All recovered but one little boy, and he had several hemorrhages, which proved fatal. Two probationers have recently entered the hospital. They are both thinking of training afterwards in a larger hospital.

The first meeting of the Winnipeg General Hospital Alumnae Association in the year 1909 took place at the Nurses' Home of the Hospital on January 6th, and was social in character. In spite of the severe weather, about thirty nurses were present. Mrs. Moody and Miss Wilson presided at the prettily decorated table, and during the afternoon some delightful music was given by various member of the Association.

The Winnipeg School Board has decided to institute a system of medical inspection of school children. This will necessitate the employment of one or more nurses. No appointments have, as yet, been made.

Miss Helen Stewart, of Winnipeg, has accompanied her patient to Florida.

Miss Nora Blott, of Winnipeg, and her patient are comfortably installed for the winter in a pretty cottage at Long Beach, California.

Miss Warren has accepted a position in the tuberculosis wards of the Winnipeg General Hospital.

Miss Macy and Miss Lloyd, of the class of 1908 (W.G.H.), left for Fernie, B.C., on January 7th. They have been appointed to positions on the staff of the new hospital.

Miss Guthrie, formerly head nurse of the Isolated Department, W.G.H., has been appointed Lady Superintendent of the General Hospital, Dauphin, Man.



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A very charming presentation was made to Miss Hodgson by the head and pupil nurses of Lakeside Hospital, Cleveland, of a tea set of Nippon china in a most unique and beautiful design. Miss Hodgson finished two years and a half in the hospital on Christmas Eve, when the presentation was made. Miss Hodgson is appointed superintendent of the Episcopal Eye, Ear and Throat Hospital, Washington, D. C. She was nominated to this important position at the meeting of the Medical Board held on January 16th and expects to leave Toronto on February 2nd to undertake her new duties. The hospital which has secured Miss Hodgson's services is greatly to be congratulated and the affectionate good wishes of all who know her will follow her to Washington.

At the annual meeting of the Alumnae Association of the R. V. H., Montreal, held some time ago, much regret was felt that Miss Gilmour, the president for some years past, declined re-election. Miss Grant was unanimously chosen to fill the position, and Miss Gilmour and Miss Goodhue were elected vice-presidents. The other officers remained as before. At a subsequent meeting Miss Gilmour, who spent the summer in Dr. Grenfell's hospital at Battle Harbor, Labrador, gave a most interesting account of her work there and showed photos of the place and surroundings. Her talk and vivid description of people and places was much enjoyed by those present.

Miss Whelan, graduate R. V. H., Montreal, has gone to Manilla to take charge of a hospital there. She expects to remain at least a year.

The Alumnae of the Sick Children's Hospital are very pleased to welcome the new graduates to the Alumnae. Three of the members availed themselves of the weekly benefit of S. B. F.—Misses Kirkby, J. Hamilton and B. Goodall.

On Christmas Eve the hearts of the patients at the Western Hospital, Montreal, were cheered by kindness of Mrs. Darling and staff of young ladies, who distributed fruit and dainties nicely basketed to those able to enjoy them. To others too ill to accept these other little tokens were left and a general air of kindness and good cheer was felt by all. The nurses also enjoyed Christmas festivities on Christmas Eve at their home on Roseberry Ave. A tree was dressed with suitable decorations and the mail that had come for them during the day was then distributed along with gifts from some of the patronesses of the hospital. Refreshments were served and a very jolly evening spent, and the "first Christmas away from" lost considerable of its supposed and expected horrors. At breakfast in the morning the dining-room was discovered gaily trimmed—surely by the master hand of the season's saint himself.

Miss N. Johnston, T. W. H. '03, is in charge of the new hospital at Orillia, which is said by those who were present at the opening to be a gem in the way of equipment. Miss Johnston is especially well fitted for carrying forward successfully the work in this new field.

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The Edmonton Association of Graduate Nurses held their annual meeting at 458 8th street, on January 13th. The following officers were elected for 1909: President, Miss Mitchell; 1st vice-president, Miss Beattie; 2nd vice-president, Miss Morkin; secretary-Mrs. Manson; treasurer, Miss Bufton. There were ten meetings held during the year with a fair attendance. During the winter months we are having a doctor lecture at each meeting.

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To the Rev. Canon Kittson,

Chaplain, Ottawa Branch, G.S.B.

Dear Canon Kittson.

At the last meeting of the Canadian District Council of the Guild S. Barnabas, held in Montreal November, 1908, it was decided to forward to you this letter expressing the sympathy and sorrow of the Council over the recent loss by death of your Superior, Mrs. Houston.

Yours sincerely,

M. VERNON YOUNG,

Secretary, C.D.C., G.S.B.

59 Park Avenue, Montreal.

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### BIRTHS.

At Battleford, Sask., Dec. 2nd, to Dr. and Mrs. Millar, a daughter. Mrs. Millar was Miss McKim, T. W. H. '04.

At 72 Dewson St., Toronto, on Friday, Oct. 16th, 1908, to Mr. and Mrs J. K. Bell, a daughter. Mrs. Bell was Miss Ethel Warne, graduate of Western Hospital, Toronto, class '04.

To Dr. and Mrs. H. R. Brighter, Exeter, Ont., Nov. 21st, a son. (Nee Miss Gunn, Toronto Western Hospital, class '02.

Blair—McDowell—At Little Current, Manitoulin Island, on Sept. 16th, Bertha S. McDowell, graduate of Royal Alexandra Hospital, class '06, to John K. Blair, M.B.

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### MARRIED.

Long — Hines.—On December 26th, 1908, Miss Harriet Hines (Class of 1906, W.G.H.), to Mr. C. E. Long.

Hughes — Latimer. — In Winnipeg, Thursday, December 31st, 1908, Helen N. Latimer, graduate of the Lady Stanley Institute, Ottawa Class 1905, to Mr. George Edgar Hughes.



# The Government Endorses



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**GOVERNMENT BULLETIN NO. 144**  
ISSUED JAN 13 1908

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## THE COWAN MISSION.

The Cowan Mission gave their annual Christmas tea and concert at the General Hospital, St. John's, Newfoundland, on Dec. 29th last. The Cowan Mission is a band of ladies whose sole aim is to alleviate suffering and to bring good cheer to those in need, and operate solely in connection with the Hospital.

Each week two members visit the institution and by kind words, the distribution of the wholesome literature and some little delicacy prove to the afflicted that they have not been forgotten. Tuesday afternoons when the visits are made, are looked forward to by patients and missionaries alike. Not a week is passed over; rain or shine the ladies whose turn it is fulfil their duties cheerfully and unmindful of personal inconvenience.

At Christmas time a special effort is made to give the inmates a pleasant time. A present had been provided for all. Pipes and tobacco were distributed to the men, while handkerchiefs and aprons were given the women. They were done up in parcels, each being addressed with the name of the person for which it was intended. In this connection, the nurses and other officials were not forgotten, each receiving some slight memento of the occasion.

Apart from their hospital visitations, the erection and maintenance of the Convalescent Home is a standing monument of the Cowan Mission. Every day the benefits of this institution are being felt. Many women on completion of their treatment at the hospital are not strong enough to resume work, and can remain in the Home for three weeks. Others who do not require medical attendance but simply rest and dieting have also been taken in. The upkeep is provided by the Mission by the social events they arrange from time to time which means constant work. They will gladly receive donations of money or goods, and the charitably disposed could not help on a better cause than it.

At present there are 78 patients in the hospital but recently there were a score more. The care of such a large number requires the constant attention of the nurses and they find but little time for anything but professional duties. In Miss Southcott, the Nursing Superintendent, the Hospital has a lady of great ability and one well adapted to the responsible position. She has extensive experience on both sides of the Atlantic and is in every way qualified for the post. Miss Hannaford is an able assistant, also of wide experience. They work harmoniously both aiming to give the inmates every benefit of their knowledge.

The staff of regular nurses and probationers is larger now than ever but the work is steadily increasing. These young ladies imbued with the desire to benefit others are obliged to make many sacrifices. Their work is not always the most pleasant; still the task is performed graciously. Love for the work is the great essential in such a profession. Miss Southcott and Dr. Shea say that a more painstaking and competent staff it would be difficult to find, and all are giving the greatest satisfaction. The nurses are:—

Miss Alice Carey, Miss Clara Edgar, Miss Grace Gardner,

# PNEUMONIA

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**I**N PNEUMONIA the inspired air should be rich in oxygen and comparatively cool, while the surface of the body, especially the thorax, should be kept warm, lest, becoming chilled, the action of the phagocytes in their battle with the pneumococci be inhibited.

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applied to the chest wall, front, sides and back, hot and thick, stimulates the action of the phagocytes and often turns the scale in favor of recovery.

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"It is a most rational procedure. It is logical, it is reasonable, it is physiological and it is highly scientific. And such a course is always acceptable."

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The patients speak in the highest terms of the treatment received at the hands of these young ladies, as they spare no pains or trouble to make those placed under their care by sickness or accident, comfortable and happy.

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### TORONTO CENTRAL REGISTRY COMMITTEE

The regular monthly meeting of the Toronto Central Registry Committee was held at 644 Spadina avenue on Monday, Jan. 4th at 8.15 p.m. The Registrar's report was as follows:—Amount in savings bank, \$515.14; current account, \$74.32; in hand, \$15.50. Number of nurses on list, 278; registry calls for Dec., 1908, 113; personal, 31; total 144. Unanswered, 3. There were 3 applications for membership in C. Reg. accepted.

Miss Barwick's resignation was before the committee. At their request she consented to retain the registrarship with an assistant (graduate nurse).

An advertisement for Assistant Registrar has been sent to "The Canadian Nurse."

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### THE MAC TRAINING SCHOOL.

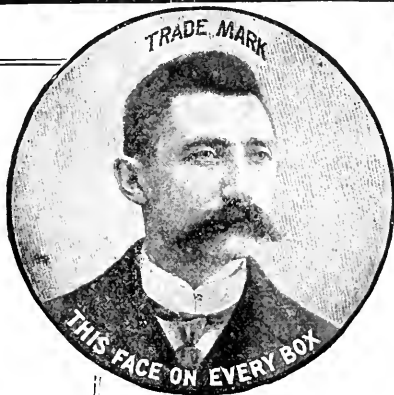
The graduating exercises of the Mack Training School for Nurses, in connection with the G. and M. Hospital, St. Catharines, were held in the court-room on Nov. 25th, 1908, when four of our nurses received their well earned medals and diplomas.

Miss Laura Gilmore, Miss Lottie McDougall, Miss Jessie Wallace, and Miss Idessa Huber, being the fortunate recipients.

After a short but very enjoyable programme, consisting of music and speeches, the medals were presented by Mrs. John Moree, "President of the Ladies' Aid," and the diplomas by Mayor Campbell. After which the valedictory was very nicely given by Miss Jessie Wallace. Then came flowers and congratulations from a very large number of friends, far and near. Once more Miss Hollingworth has sent out a fine class of girls, perhaps exceptionally fine this year, to her be the credit due, both in her selection and training of the nurses.

Miss Gilmore, Miss Wallace and Miss Huber remain on the nursing staff of the hospital for a time at least. Miss McDougall is doing private nursing at Welland, Ont., and making her home when off duty with Dr. and Mrs. Garner.

Miss Maude Tindale, graduate of Grace Hospital, Toronto, has taken a position as Head Nurse in the Deaf and Dumb Institute, Belleville, Ont.



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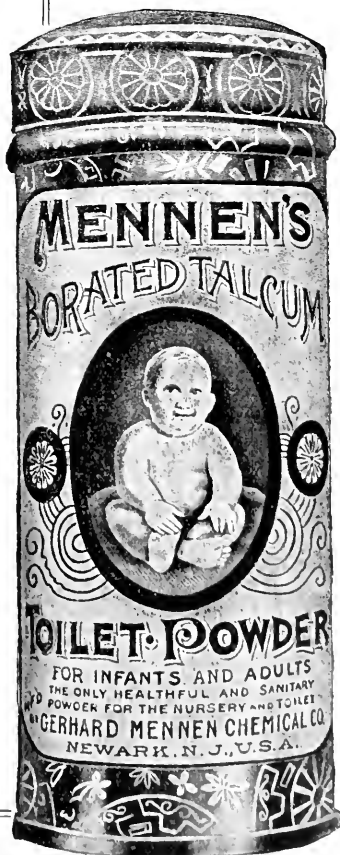
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Miss Hattie M. Putnam, graduate of Grace Hospital, Toronto, has taken a position in Saratoga General Hospital, Saratoga Springs, New York, as Night Superintendent, assuming her duties from Nov. 1st, 1908.

Dr. and Mrs. George McPheedran (nee Miss McNish, T.G.H., 1901), have sailed for their chosen field of work in India.

Miss Lottie Lawson and Miss Switter have gone to the mission field in China under the auspices of the Canadian Methodist Mission.

The Annual Conference of the Association of Nursing Superintendents of India was held in Bombay on December 10th.

The number of delegates present were fewer than had been expected, owing to some who were to have come finding it impossible at the last moment.

Miss Mill, Lady Superintendent, St. George Hospital, Bombay, read a paper dealing with "The difficulty of obtaining suitable European candidates for training. Its cause and how we may overcome it."

Miss Wason, Lady Superintendent, Cama Hospital, Bombay, gave a short paper dealing with "The training of Indian girls as nurses, should it differ and how from that of Europeans."

Mrs. Klosz sent a paper on "The place of the Indian Nurse in Social Service."

Miss Tippetts, Superintendent Sister, Mayo Hospital, La-

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WM. ERWIN, M.D. (Hahnemann and Rush Med. Coll.)

MAX J. WALTER (Univ. of Penna., Royal Univ., Breslau, Germany, and Lecturer to St. Joseph's, St. Mary's, Mount Sinai and W. Phila. Hospital for Women, Cooper Hospital, etc.)

FRANK B. BAIRD, M.D., (University Pennsylvania)

WM. EGBERT ROBERTSON, M.D., (Associate Professor of Medicine, Medical-Chirurgical College.)

HELENE BONSDORFF (Gymnastic Institute, Stockholm, Sweden).

LILLIE H. MARSHALL { (Pennsylvania Orthopædic Institute.)

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MAX J. WALTER, Superintendent

hore, sent a paper dealing with "The necessity for Registration of Nurses in India," and suggestions as to how this might be accomplished.

All these papers will be printed in full in the Annual Report of the Association, which will be published early in 1909. Copies may be had free by applying to the Hon. Secretary, care of Miss Martin, St. Catherine Hospital, Cawnpore.

It was decided to form an Association for trained nurses in India, to be called "The Trained Nurses' Association of India," having as its object:—

- I. To promote a sense of esprit de corps among all nurses.
- II. To uphold in every way the dignity and honor of the nursing profession.
- III. To enable members to take council together on matters affecting their profession.

Nurses wishing to join this Association can have further particulars by applying to Miss Thorpe, Y.W.C.A. Rooms, Zahur Bakhs, Lucknow.

The need for a Nursing Journal for India was considered. All present were in favor, and it was decided, that steps be taken to raise sufficient money to guarantee the Journal for one year. As soon as this is accomplished, the Committee will consider details.

## THE REPUBLIC AND THE BALTIC.

We regret that the present issue is a few days late, but our readers will forgive this when they learn that the delay was chiefly so that we could publish Miss Tweedie's brief and touching account of the collision. Many other interesting incidents should have been narrated if time and space allowed. On Sunday morning there was a thanksgiving service on board the Baltic, led by clergymen who were among the passengers, in which all the rescued joined. One of the clergymen was Dr. Snively, of Chicago, a relative of Miss Snively's, of the Toronto General Hospital. Many marvellous escapes occurred. None was more remarkable than the escape of a mother and little baby, whose state-room was wrecked by the bow of the Florida. The Florida's big anchor was driven right into their state-room, almost touching the berth, but mother and child were safe and unharmed.

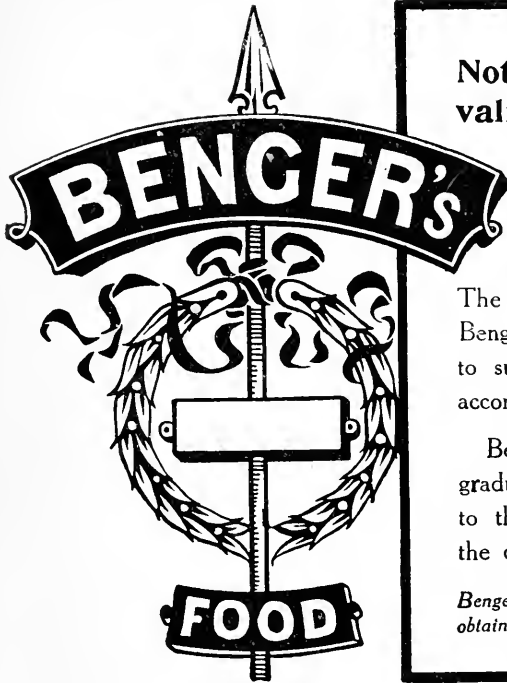
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## The Nurse's Library

"The Nurses' Alumnae Journal," of the Winnipeg General Hospital, is always a welcome visitor. The December issue contains two articles of special value,—a letter from Miss I. M. Stewart, who is taking the Hospital Economics Course at Columbia University, full of sparkling interest and good ideas, and an editorial on certain interviews from a British lady, Mrs. Cran, who has been visiting the North-West. "Mrs. Cran's charge is that the women of the West are not able to obtain proper nursing care. Much as we may dislike to acknowledge it, we ourselves know in our hearts that her charge is true. What is to be done about it?" The Editor speaks of the Victorian Order and other efforts we have made in Canada to remedy this state of affairs, and concludes: "Remedy there must needs be, and quickly."

"Minor Maladies and Their Treatment," Leonard Williams, M.D., M.R.C.P. (London: Bailliere, Tindall & Co.) The second edition of this admirable book is a welcome visitor. The very things one needs to know about most often are here—things that the experienced doctor knows so well that he does not think of mentioning them. Colds, sore throats, headache, indigestion, constipation, etc., all are dealt with in a satisfactory manner.

"Heredity, Variation and Genius," Henry Maudsley, M.D. (London: John Bale, Sons & Danielson, Oxford House, Oxford St. W.) Dr. Maudsley's great reputation, experience, and charm, both of matter and style, secure a welcome for any book of his. The pendulum has at present swung far to one side on Heredity, and Dr. Maudsley's views are thus all the more timely. Other essays on "Shakespeare" and "Medicine" add to the value of the book.

"Obstetric and Gynecologic Nursing," Professor Edward P. Davis, of the Jefferson Medical College, Philadelphia. \$1.75. (London and Philadelphia: W. B. Saunders, Toronto: J. A. Carveth & Co.) The third edition of Professor Davis' well known text-book has been revised and enlarged. The book has already been favorably reviewed by us on the issue of the two former editions and we have pleasure in again commending it most cordially to our readers. It is an excellent text-book.

"Observation of Symptoms," Alfred I. Hawes, M.D., \$1.00. (Boston: Whitcomb & Barrows.) This is an excellent book of reference for a nurse, inasmuch as no part of her duty is more important than the observation and recording or reporting of symptoms. It is remarkably well printed and bound.

"Modern Medicine," Vol. V. Edited by William Osler, M.D., Regius Professor of Medicine at Oxford, and Thomas McRae, M.D., of the Johns Hopkins University. (Philadelphia and New York: Lea Brothers; Toronto: D. I. McNish & Co.) But two volumes now remain to appear of the seven promised in this fine series. The present volume is on Diseases of the Alimentary Tract, and is in every way worthy to take its place with the others. Among the monographs is one on Diseases of the Peritoneum, by Dr. Rolleston and Dr. Sargent, of London.

"Clinical Lectures on Neurasthenia," by Thomas D. Savill, M.D., Lond. Fourth edition. (London: Henry J. Glaiser, Cavendish Square; New York: William Wood & Co.) Dr. Sewell is a well known authority on Neurasthenia and was one of the first to recognize the importance of enquiring into antecedent conditions which might be, so to speak, the basis of the disorder, sometimes physical and sometimes mental, and often both. The book is comprised in eight chapters, one of which is an analysis of over one hundred cases. This is a volume which would be a welcome addition to a nurse's library.

"Essentials of Medicine," Charles Phillips Emerson, M.D. (Philadelphia and London: The J. B. Lippincott Co.; Toronto: J. A. Carveth & Co.) No one who knows Dr. Emerson but experienced a feeling of joy when this book was announced. Everybody is glad that he has written it. For a nurse or a medical student this book is simply a boon. I fone can learn wisdom from a book it can be learned from this book. Many of us know something, but we hardly know that we know it, so indfinite, inaccurate and unsure are we. This book is clear, strong and natural. It deals only with important things and tells them in the right way and puts them in the right place.

"Physical Education and Hygiene," by W. P. Welpton, B.Sc., Master of Method in the University of Leeds. 4s. 6d. (London: W. B. Cline, the University Editorial Press, 157 Drury Lane, W.C. This is a scholarly work, in which the author regards his subject from a wide outlook and yet does not forget the practical side. The first chapter is historical, and is refreshing and helpful. The physical basis of life, the nervous system, fatigue, exercise, growth, air, the eye and finally abnormalities—these and many other topics are discussed in an adequate and interesting way. For teachers and school nurses the book is invaluable.

"Nursing the Insane," by Clara Barrus, M.D. (London, New York and Toronto: The MacMillan Co., \$2.00.) We are slowly awakening to the importance of "Mental Nursing," as it is sometimes called. Fifteen years' experience and a kind and just spirit have qualified the writer for her task. She says truly that the nurses who minister to a mind diseased would need to be only "a little lower than the angels." To all interested in nervous and insane patients, and indeed to all nurses this book will be found thoughtful, stimulating, informing, and of daily value in our work.

The W. B. Saunders Company (Toronto: J. A. Carveth & Co.), have just published two useful and appropriate reference handbooks for nurses at \$1.25 each, bound handsomely in flexible red leather. The first is "A Reference Handbook for Nurses" (2nd edition), by Amandak Beck. It contains brief notes on everything one can think of that a nurse needs to know, in the shortest form. It is admirably practical. The second is by Dr. Catherine Macfarlane, of Philadelphia, and is a "Reference Handbook of Gynecology." It has grown out of a series of lectures delivered by the author to the nurses of the Woman's Hospital of Philadelphia. The book is a good one and we commend it cordially to our readers.

## Minor Medicine

By W. E. WYNTER, M.D.

Physician to Middlesex Hospital,  
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This new book on the treatment and prevention of the many minor disorders which come under the nurse's notice will be received with much satisfaction. Besides all the minor ailments, such as Heart-burn, Sprains, Cracked Lips, Bilious Attacks, etc., etc., there is a section on general health and diet.

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# The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. V.

TORONTO, MARCH, 1909.

No. 3

## A NURSING PROBLEM OF THE WEST

It has been the fashion of late years for magazines, American and otherwise, to send women correspondents on tours of this Last Great West which from a masculine point of view has been exploited almost to weariness. But a woman sees it all differently. She may not have the breadth of the masculine vision but nevertheless she sees phases of life among the women of the West which must of necessity be hidden from the eyes of the keenest male observer.

During last summer two women qualified to speak with more or less authority travelled through Western Canada—Miss Agnes C. Laut, who requires no introduction to Canadians, and Mrs. Cran, a representative of the Ladies' Field and the Bystander, who was brought out by the Dominion Government to study industrial conditions among women in Canada with a view later of encouraging immigration of young English women.

At a luncheon tendered her in Winnipeg by the Women's Canadian Club, Miss Laut spoke among other things of the dearth of nursing care for poor women in the more thinly settled parts of the West. She took the point of view (and most justly) that every child has the right to be "born well"—that is to say that the best of nursing care should be afforded both to mother and child at that critical time when their whole future is at stake, whether they are able to pay for it or not. Miss Laut regarded this matter as of national importance, and who can assert that it is not? She asserted boldly that these women are not given a fair chance, that they do not, and under present conditions cannot receive anything approaching adequate care and assistance.

Mrs. Cran in an interview given to a reporter of one of the Winnipeg dailies made practically the same statement. She implied, moreover, that the members of the nursing profession in Canada had failed to meet the situation and suggested a plan whereby the difficulty might be overcome independently of them.

It is never pleasant to be told of one's faults even in the kindest manner, but it is exceedingly wholesome, and the nurses of Western Canada must needs take some rather hard raps with as good a grace as they can muster.

First let us see what grounds there are for supposing conditions to be as bad as these ladies intimate, and next let us examine ourselves strictly to find wherein we have failed to remedy them.

It hardly requires much argument to show that something is radically wrong. Those of us who have worked in the

gynaecological wards of any large western hospital need no further argument to convince us that women are not cared for as they should be from an obstetrical point of view. Nurses in small western hospitals can also give some experiences at first hand which are tolerably ugly. To take one instance in the writer's personal experience: A woman thirty years of age, English by birth and possessing both education and refinement, was brought in to the hospital (the usual type of small western institution) lying on straw in a wagon box, twenty-two miles over an unspeakable trail. She had been confined three days previously. No doctor had been present. They had no neighbors within ten miles. Her husband had cared for her as best he could, had done the necessary housework and looked after two children under seven years of age. On the second day she had attempted to get up to rescue the youngest child who was crawling about too near the hot stove. The result was a severe hemorrhage. It is not necessary to go into further details other than to say that on the seventh day she died in the hospital, crying out with her last breath against this cruel, lonely West. This object lesson left an ineffaceable impression on the writer's mind, the more so because her particular hospital refused to take obstetrical cases unless they could afford to pay. It will of course be said that the woman's husband was to some extent responsible. But was he? They were living in a shack on their homestead. They had been out from England a year. They were struggling against debt and homesickness. The crop had been a bad one. In other words, they had the bare necessities of life and no more. They could no more afford to pay for a nurse and doctor than they could fly. And the hospital did not take free obstetrical cases. There you have the matter in a nutshell. It cannot be said that cases like the above are by any means rare. Any country doctor can match it from his own experience time and time again.

Here, then, is one factor in the solution of our problem—that every western hospital be compelled to take obstetrical cases, especially such as cannot afford to pay, and also, that the Provincial Government make a grant to the hospitals to cover the expenses of such patients, and if necessary assist the municipality with funds for the erection of a building to accommodate them.

Even supposing this particular reform is made, much yet remains to be done. By no means all women can or will leave their homes for the hospital at this time. Here is the crux of the situation. The problem now is double—the domestic side intrudes itself here as it does in all phases of nursing. Private nurses in the West know to their cost that a case in a farmhouse of the poorer sort usually entails not only the care of the patient night and day but the responsibility of the domestic menage as well. With all due deference to our literary critics, this is too heavy a load for the average woman to bear. We bear no malice either to Mrs. Cran or Miss Laut, but we must express an ardent desire to see them attempt this dual role in their own proper persons for the short space of one week. At the end of that time we feel sure that these ladies would acknowledge the fact that no one human being can conduct a maternity

case with one hand as it were, and get the children ready for school and put out the washing with the other. It is not a matter of a nurse being above housework. Tasks fall to the lot of every nurse beside which the most menial domestic drudgery might be deemed aesthetic. It is simply a matter of physical incapacity. True, Mrs. Cran assures us that she can send out young Englishwomen trained for "from three to six months" in English obstetrical hospitals who will be able to assume this Herculean task. She even promises that a doctor need only be called in at the discretion of this lady of "from three to six months' training." These accomplished persons will have but one drawback—"they will very likely marry." We should say they would—the men of the West know a good thing when they see it. All this, however, is not relevant. It seems to the writer that this question of nursing these women in their homes will be met in the long run by an extension of the sphere of the Victorian Order of Nurses. The domestic side of the question should not be shouldered off upon the nursing profession entirely. They have sufficient responsibility already. The problem of domestic help for women on western farms appears far from solution. This is a matter which all organizations of women throughout the country would do well to ponder on. Some day perhaps an enlightened and paternal government will see fit to appoint a Royal Commission to investigate this question which bears upon the living fibre of the nation and not on its material resources only. It is, conceivably, as important as the building of railways or the conservation of forests, only it takes a long time for a male government to see it in quite that light.

No Royal Commission is needed to enquire into one particular problem. Our way lies very plain before us. The scope of the smaller hospitals must be increased and the work of the Victorian Order or some other order along its lines must be greatly extended. This means volunteers, and it means money. Both surely will be forthcoming. In the West most women who practise the profession of nursing do so for two reasons—first because the work appeals to them, and second because it affords them a means of livelihood. Many of them not only support themselves but have others more or less dependent on them. If western women are to do this work, then it cannot be as a pure philanthropy for the good and sufficient reason that they cannot afford it. Whatever scheme is adopted will require considerable outlay at the beginning, but in time if properly conducted the enterprise might be partly self-supporting.

Pioneer life is hard at best, hard enough for the men and cruelly—sometimes unbearably—hard for the women. Still, hard as it may be, there are now, and will be for many years to come, men and women who having set their hands to the plough in this last west, will not turn away until the furrow be completed. New country is opened up every year—our task only grows the more difficult for being put off. Our critics notwithstanding, we have done much. The Victorian Order has done nobly, the pioneer nurses in small western hospitals have done much. All honor to them both. Most of all, the private nurses deserve every praise. Many of them take their cases as they

come and go as cheerfully to a desolate farmhouse as to a rich Winnipeg home. But it is not fair to thrust the burden on individuals. We should take counsel together, East and West, and find out how best we can answer, and quickly, the exceeding bitter cry of our pioneer sisters of the West for help and succour.

E. JOHNS.

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### THE HOSPITAL ECONOMICS COURSE

In spite of the prominence that has been given to this course, in nursing journals, there seems to be even in our own profession a general vagueness as to its real scope and purpose. The bewildered laity, if they discuss the matter at all, probably share the views of the New York physician, who assured me not long ago that he entirely approved of a course in economics for nurses — he thought we were inclined to be dreadfully extravagant!

The idea of this course originated, as most of you know, with the American Society of Superintendents, the purpose being to secure greater uniformity and higher standards in nursing education, and to place the hospital training school on a par with other professional institutions.

The time is past when the "born" nurse is considered the superior of the trained nurse, and the self-trained teacher in our schools and colleges is happily a rarity. Yet the "born" manager and the "born" instructor still reign, more or less efficiently, in our schools of nursing. It is no reflection on our many excellent superintendents and head nurses to say that an early instruction in the principles of administration and organization, also in the fundamentals of teaching, would have spared the best of them much bitter experience, and would have incalculably benefited the institutions at whose expense, often, they gained their efficiency.

The selection of a general college where all these different branches could be developed, would appear to be a very difficult proposition, and yet Teacher's College seems in every way eminently fitted for the undertaking. It is unique among educational institutions, in that it combines educational theory and practice, with formal instruction in the subject to be taught—a sort of technical and industrial school and normal school in one. Being affiliated with Columbia University, it has also the advantage of selected arts courses, so that it is qualified to graduate not only general teachers, from kindergartners to college professors, but all kinds of special instructors in domestic science, fine art, physical education, even to instrumental music. The college has an international reputation for advanced educational methods, its staff including several eminent authorities in various departments.

The regular course at Teachers' College is two years, a certificate being given at the end of the first, and a diploma at the end of the second year. Pupils with special qualifications may complete the work in one year.



Nurses who are unable to take the regular course, will find a great deal of work covered by the first year's curriculum. Some of the subjects are compulsory, some elective, so that the student who wishes to specialize in executive work, or teaching, or social work, may choose such a programme as she and the adviser consider best suited to her purpose.

Domestic science is a subject which is exceedingly well represented, as a glance at the prospectus will show. One can learn almost everything that is known about foods, from the preparing and serving of the simplest dishes, to the higher technical and scientific work along these popular lines.

Biology and bacteriology are also peculiarly well adapted to the needs of the nurse. They are the same old subjects we met in our training school courses, but presented in fuller detail and from different points of view. The fundamental principles of nutrition and reproduction are studied first through the lower forms of plant and animal life, experimental and microscopic work adding immensely to the interest, and the deeper understanding of the subject. One cannot help the regret that nurses should not all have this broader basis of biological principles, on which to build nursing practise and experience.

The study of psychology may strike the practical mind as rather irrelevant to the subject of nursing, but apart from the fact that it is the basis of all intelligent teaching, it seems to me particularly valuable in helping to a better understanding of the vagaries of human nature. Modern psychology is no mere abstract science. It has a very definite and practical bearing on life's problems, and especially in view of the recent emphasis on mental attitudes and influences, and the increasing number of nervous derelicts we meet in every department of nursing activity it seems to me that not only the graduate nurse but the pupil nurse, needs all the knowledge and the power she can gain, by which she may control and regulate her own life, and rightly influence the lives of those who depend so much on her for strength and readjustment.

In the application of educational principles, the nurses share with the other students the ordeal of practice teaching—the experience being much more valuable for the instructress than the instructed, I judge—though I believe the pupils of these particular training schools are bearing up remarkably well under the treatment.

The nursing subjects proper deal with hospital construction and equipment, and all the practical details of administration. The class has had the opportunity of visiting several representative city institutions and the work has been taken up quite fully under a competent architect, and Miss Gooderich of Bellevue and Allied Hospitals. Mrs. Robb's series of lectures on the training school was thoroughly comprehensive, but even more than the value of her words, was felt the inspiration of her magnetic personality. The same may be said of all the speakers we have heard, and especially in connection with the social aspects of nursing—Miss Dock on the history of nursing, Miss Wald of the Henry Street Settlement on district and school nursing, etc., Mrs. Florence Kelly on child labor, Miss Gibbs on the work of

instructive dietitian in the homes of the poor, and Miss Farrell on the problem of defective children. Professor Devine's course in social economy, at Columbia University, has also been most valuable to those who were able to take it; it would be hard to find a more competent authority on social problems, than the able editor of "Charities and the Commons."

This comprehensive survey of the whole field of nursing activities and of nursing possibilities, helps the private nurse or the busy institutional nurse to get a grasp of the situation, to adjust her vision to the broader issues of her time, to find her relationship with all the other forces which are working for the common good. It is at once an illumination and an inspiration. The personal touch with these "big" men and women is an education in itself. But it is impossible to mention in detail all the features which are represented in the curriculum. With such an attractive assortment of good things provided, one is tempted to rebel against the limitations of programmes, and the kindly solicitude of advisers; but when the day of examination draws nigh, even these are fully justified in the mind of the most greedy student.

The university provides lavishly of extras in the way of extension courses, and public lectures, so that one has the opportunity of hearing very able speakers in the broadest range of subjects—scientific, literary, ethical and artistic. The daily short service in the college chapel is a very real and helpful element in the life of the institution, as are also the various clubs and other college organizations. The cosmopolitan character of the men and women who congregate in great educational centres, the stirring life of the city itself, its art and its music and its great social movements, are all opportunities for broadening one's ideas and enlarging one's sympathies.

The attitude of professors and assistants in Teachers' College cannot fail to impress a newcomer, and is especially, I think, an object lesson to the institutional nurse. They are so genial, so sympathetic, so thoroughly helpful in every way, so lacking in that aggressive superiority which too often seems to be our hospital idea of authority. Admitting the necessity of a stricter discipline in the hospital wards, does it not seem that ours is too often the attitude of the industrial "boss" rather than that of principal or teacher in a school for the education of women?

I cannot leave this part of the subject without acknowledging the debt which the students of the hospital economics course owe to Miss Nutting, not only for what she has contributed to the value of the course, but for her unfailing personal assistance and interest.

It is to be hoped that the department of nursing will ere long be dignified by a properly endowed professorship, lending permanency and prestige to this movement for the higher education of nurses. The future will doubtless bring many developments and possibly in due time we may even have a hospital economics course in one of our own Canadian universities. But in the meantime, where should we have reciprocity with our hospitable neighbors, if not in nursing education? Perhaps it will not be considered unduly boastful among ourselves, to remark on the very important part which has been played by

Canadian women in the development of the nursing profession in America. The fact is, we are and should be one body with common aims and interests, and the best of sisterly relations.

It is to be regretted that so few nurses have been able to avail themselves of the opportunities of the hospital economics course. The expense certainly is a consideration, but as Miss Harcourt mentioned in the last "Canadian Nurse," it is not more than teachers are everywhere willing to pay for their professional training. Among the methods for reducing expenses, I do not think I noticed the plan for co-operative housekeeping, which some students have found quite practicable and which I know does reduce expenses materially. Many of our most capable and ambitious nurses are tied by financial burdens, which they must carry in spite of that "thirst for the water brooks," which one of them confesses to every time she sees the mention of the economics course. I am sure, however, that there are many who might save the necessary amount out of the ordinary income of two years, if they would only adjust their scale of values a little. The educational qualifications for admittance are not at all prohibitive and I believe experience is considered a very valuable asset. But all these details may be obtained by sending to the secretary of Teachers' College, Morningside Heights, N.Y., for a full announcement, or for more specific information, to Miss Nutting.

I have gone so far into detail because I have received several letters from nurses at home, asking about the particular features of the work. Many wonder "if it pays." It is hard to compute the value of these things in terms of dollars and cents. Personally, I think that any broadening in one's outlook or enriching of one's life, is well worth while, even at a sacrifice of many other desirable things. Yet even at the world's valuation, which we cannot altogether ignore, one would think that the bigger the woman, and the broader her experience and knowledge, the more she should be worth in any position, be it as superintendent, or teacher, or private nurse, or social worker. I believe the demand for qualified graduates has always been greater than the supply, so there is little to fear from lack of opportunity, if one has all the other essential qualifications.

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### A DAY'S WORK.\*

The forming of the Ottawa Association for the Prevention of Tuberculosis, in March, 1905, led to the systematic visiting of such patients at their homes. In the following May it was resolved to begin work on the lines laid down by Dr. Phillip, of Edinburgh, Scotland, namely, the personal house to house visit to the sick, with individual instructions to the sufferers in the means by which their own conditions might be improved, and their families protected from contagion.

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\* A paper read before the Canadian Association of Training School Superintendents.

A sufficient sum of money was obtained by subscription to defray the nurse's salary and other expenses for the current year. On the fifteenth of the same month, Miss Hayside, a graduate of St. Luke's Hospital, Ottawa, was engaged, and immediately began work. Her work proved such a success that, on her resignation, eighteen months later, it was decided to engage another nurse in her place, and I assumed her duties as assistant visiting nurse of the Association up to the present date.

I soon found that almost half the patients visited had not sufficient nourishment, nor the means to obtain it. As soon as this fact was made known to the May Court Club, this humane organization, which has been our unfailing resource from the first, generously offered to supply nourishing food, warm clothing, medicine, and other necessities for needy patients. I cannot sufficiently express my gratitude for such ready support and willing co-operation.

But, not content with such generous measures, the members of this same Club opened, June 18 of the present year, a free dispensary for tuberculous patients only, under the auspices of the Anti-Tuberculosis Association. This dispensary is open three days a week, from 11 a.m. to 1 p.m., with some one doctor out of six leading physicians, and the nurse in charge, in attendance.

A patient, on admittance, is given a card bearing the Register number, his name, address, date of visit, by whom sent, and name of attending physician. This he keeps and shows at each succeeding visit. The patient is next examined, his history noted, and medicine, disinfectants, sputum cups, etc., dispensed if necessary. A visit is made to his home, within a day, if possible, and observations taken by the visiting nurse of his surroundings, manner of living, etc., Where want of means calls for it, milk and eggs, and other necessities for the patient's comfort are furnished. On each subsequent visit a record is added to the notes taken.

The dispensary has greatly simplified a large part of my work. Cases are often reported by neighboring patients, who have observed symptoms resembling their own. I require such subjects to call, if possible, at the dispensary, and if, after diagnosis, tuberculosis is found to exist, they are placed on the list of patients and entitled to the care provided.

My work gives me free access into comfortable homes, as well as hovels, and in both my visits seem to be appreciated. In the great majority of cases I have been encouraged by the way my instructions have been received and acted upon, and by the general results of my work. The patients seem to look forward with pleasure to my visits. One man, the father of a large family, exclaimed when he saw me coming: "Here comes our nurse. We look upon her as our mother, and tell her all our troubles." Another patient's parting words were: "Oh, I have been so discouraged and heartsick; but now I feel hopeful and ready to battle for life after the encouragement you have given me." With

my very poor patients, I find that I am called upon to heal many a heartache and distress of mind, as well as weakness and pain of body. Let me cite a pathetic case. A father who had always worked hard suddenly became ill, about two years ago, with hemorrhage from the lungs. He had been a dissipated youth, therefore his constitution was not favorable ground for curative work. He was twice sent to a sanatorium, and came back each time much improved, but only to succumb to a fresh attack on both occasions when he resumed work. The expenses of his long illness soon left him at the end of his financial resources, unable to work, with a wife and two helpless children depending upon him for support. Both father and mother turned to me for aid in finding such work as the poor woman could do, in order to keep their little home together. She could not leave her little ones, as the youngest was a nursing baby. I persuaded the man to go to a hospital for advanced cases, and by the aid of friends procured the cleaning of offices night and morning for the poor mother.

Often my inventive powers are brought into play to devise methods of getting patients to live in the fresh air. Roofs, porches, wheelchairs, hammocks, and, in one case, an attic room, have been brought into requisition. Two sides of this room were torn down and sliding windows substituted. On storms or severe weather coarse canvas was drawn across the windows, thus admitting sufficient fresh air, yet giving enough protection. Adjoining this room was one well heated, where the patient robed or disrobed. In another instance a platform in a very small yard was brought into service. The patient was confined to her bed, was carried here every morning about 6 o'clock, and lay there in her cot until dusk. To shield her from the sun, a sheet was tacked to a frame held above her by four posts, which were nailed to the platform. This cheery patient always greeted me with a smile, and on my leaving insisted on my taking a flower from a small bed of geraniums planted by her own hand in the centre of the yard, and whose every blossom she had tenderly watched as it bloomed.

Verandahs are easily pressed into use, both for night and day. In summer, curtains can be hung to shield the patient from storms. In winter double windows and boards transform the verandah into a desirable living room for the patient.

Some time ago I was called to see a young man, well advanced in the disease, who thought he had come home to die. I found him in a room crowded with furniture, and with only one long, narrow window for ventilation. On going upstairs, I noticed a good-sized verandah overlooking the driveway and canal. I remarked that this might be fitted up as a room for my patient. This puzzled the family, as they did not think such a thing could be done; but after a few suggestions, a single bed was moved out, a table and chair pillowed, a curtain was hung to screen him from the view of his neighbors, and before I left my patient was installed in his new quarters. On my next visit he managed to crawl from his

bed to a wheel chair, and was brought into the sunshine. I suggested his getting a thermometer for his own use, and offered to show him how to take his own temperature and keep his chart. This interested him and aroused him from his moroseness. Now he is improving daily, and takes great pride in keeping his chart and following my instructions in all things.

In my work the days go on seemingly much alike, yet each brings some new lesson to learn, some new problem to solve.

At one time it is difficulty encountered in the removal of a patient against the wishes of his family; at another, trying to find a place for one in the crowded tuberculosis ward of one of the available hospitals in the city. Then, again, trying to find shelter for some unfortunate stranger without friends or means, and stranded in a poor lodging house. One such case I recall—that of a young man who shared a wretched room, small, untidy, and foul-smelling, with two others. The poor fellow was glad of any place to lay his head, and never even dreamed of the infection with which he was saturating his room-mates.

Since early spring several patients have found temporary shelter in tents loaned by the Anti-Tuberculosis Association.

Every day we see more clearly the imperative need of a proper building in which our unfortunate patients can be isolated with comfort and receive the approved scientific treatment their peculiar disease requires, and where medical men may be able to carry out their theories for the cure of this most dreaded scourge of mankind. From existing circumstances, we have every reason to hope that, before the close of the coming year, such a building will indeed be ours, and an asylum secured for such tuberculous patients as need our help, as well as a new field of labor offered to the devoted and zealous members of our Anti-Tuberculosis Association.

ELIZABETH E. HARRIS.

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### THE NURSE IN THE HOME.

I was asked to talk to you on "The Nurse in the Home," because it is now a generally accepted fact that the nurse just out of the hospital is not prepared to care for one patient in his own home, in his own way and in his own time. I do not mean that she is not trained to do the necessary things for his welfare, for she is, but private duty nursing differs so much from hospital nursing that the average graduate finds it difficult to adapt herself to the various phases of home life after the strict routine of training school regime. For instance, in the home your patient is not awakened at 6.30 to have his face washed and his breakfast eaten by a certain hour. He is not made to have a bath before the physician calls. He may not need a bath at all, and he is allowed to have his own way. While in training a nurse has a certain amount of work to get

through within a certain amount of time. In private duty she has twenty-four hours to cater to one individual. The hospital nurse and the private duty nurse are judged from such different viewpoints, that because a nurse is a fine hospital nurse or splendid head nurse, is no reason at all that she will succeed as a private nurse. It makes no special difference to the patients in the hospital whether their nurses put much of self into their work or not. When one nurse goes off duty someone else takes her place. They get the necessary care and what they pay for, but in private home duty the nurse is with her patient twenty-four hours. She enters into the intimacy of the family life. The patient has time to and does observe everything about her—her personality, her dress, her grammar, in fact, every detail. While institutional work, visiting, nursing, school inspection work and the other branches now open to trained nurses all require special gifts and I believe nurses should specialize, the successful private duty nurse should be a refined, well-informed woman, thoroughly honorable, absolutely honest and should acquire all the niceties of the technique of nursing. She should have a fine sense of the fitness of things. I asked a prominent physician about a nurse whom I knew was a splendid practical one, and he replied, "Oh, oh, she is a good enough nurse, but she does not know how to do the nice little things." These "nice little things" are what count in the care of the well-to-do, refined patient. Then the private duty nurse should love her work, for the patient knows instinctively whether she does or not, and the mind attitude will do as much toward the convalescence as the actual labor. It is not many years that all this has been required. In the past those who would do the absolutely essential nursing, though of low moral character, were the only women to be obtained. Now the trained nurse must be of the highest moral standard, be fairly good looking, wear good clothes, be cheerful, thoroughly competent and have good table manners, so that the husbands and other relatives will enjoy their meals with her. While she should have a pleasing manner, she should be careful not to be frivolous, familiar or flirtatious, for some wives are keenly jealous and while ill are peevish and super-sensitive and may misconstrue the nurse's cheerful, pleasant demeanor.

Adaptability and tact are the qualities which should characterize the private duty nurse, for she meets different people and different conditions constantly. Every home is conducted differently; no two families live alike, though in the same social sphere. Some homes are always kept in order, clean and neat; some are untidy and disorderly, and even dirty. While the nurse will keep her patient's room clean, she ought not to try to reconstruct the way of living in the homes which, to her well-trained instincts, seems disorderly, for the family always have lived that way and will continue to do so, and the effort of the

nurse will not be appreciated. If the disorder or chaotic condition is the result of the present illness, then one's efforts will be a blessing to the family. In the homes where there are several servants, from the butler to the scullery maid, the nurse will not have much actual housework to do; but in the average home, where one or two servants do all the work, the nurse will do what seems necessary to keep clean the household affairs running smoothly.

In some homes you will find luxurious linen closets, filled with dozens of embroidered towels, sheets, pillow-cases, etc. Here you will feel free to use abundantly all the towels and wash-cloths that you wish to. In others, where there are four or five towels or one or two wash-cloths for the whole family, you will find it necessary to wash some in order to have enough for your patient's use. Learn to discriminate, be as economical as possible usually, but in a luxurious home be sure to use plenty of clean linen and especially napkins for the trays, for in such homes the underwear is changed daily and clean table linen is used for each meal.

Also in ordering diet, one should be as economical as is consistent with the manner of living in the home. On obstetric cases, if there is a laundress, the nurse needs to simply rinse out the baby's napkins and put them in water until wash day, but where there is but one maid of all work the nurse will wash them and use them again. If there are other children she will often have to help bathe and dress them, and while this is not a trained nurse's work she will do it or anything else to keep her patient's mind at ease and the household affairs running smoothly. In private nursing one does not often get two hours off duty, and while it is right and proper that she should have time for rest and recreation, the faithful, conscientious nurse will not leave her patient who is very ill, and there is no one to relieve her. If she does go out, she should change her dress, for a nurse in uniform on the street is conspicuous, and, also, the street dirt is carried into the house and the sick room. This brings me to the question of clothing.

Do not start out to nurse with two uniforms and six aprons. Have sufficient dresses, aprons, caps, etc., to keep spotlessly clean, for you are with your patient day and night, from week to week, and he or she has nothing much to do but inspect you and your clothing. Then keep them well mended. I knew a splendid nurse to be criticized because her skirts were frayed. Have three wrappers or bath robes, made of a pretty washable material, not too dark, or bright red, not too bulky, so that they take up space in your suit-case, but warm enough to sit up in at night. Have them made with medium sleeves, never flowing ones, and quite high in the neck, so that if your patient is a man there will be nothing about your attire suggestive. Imagine the humiliation of a nurse, who was a most modest girl, when the



mother of a male patient suggested that the lace in her gown was open enough to reveal her skin. A nurse has too many sacred duties to her patient, too much responsibility for the reputation of her hospital and her sisters in the profession, and too much self-respect to maintain to run any risk of being a temptation to her patient. Also, she should own her own night slippers, so she need not borrow. I heard of a nurse recently who took without asking her patient's wrapper and hairpins. It is unnecessary to say that her services will never be required in that family again. If you are in the habit of borrowing from each other, quit it at once, for it is a bad habit that clings to one through life. The nurse in private duty cannot be too particular in the care of her own person. Her hair, teeth and hands should always be well cared for. I do not mean that her hair should be curled or fluffed all over her face, but kept clean and smoothly combed. Particular care should be given to her teeth and mouth, so that she will have a sweet breath, and her hands should be kept smooth and as well manicured as is possible. These are small things, but they mean much to nervous, fastidious women, and men as well. A nurse's personality should radiate a fresh, sweet, clean wholesomeness, without the use of sachets, perfumes or cosmetics. I think that the nurse who is planning to do private duty should practice and learn to read well.

Also, she should avoid rocking in chairs, and crushing paper in her patient's presence. She should try to appear pleasant at night when awakened to wait on her patient, though she may feel tired and cross, and she should be very careful to keep all unclean, unpleasant objects from her patient's sight.

Perhaps the most common complaint is that nurses gossip, and it is easy to understand why they do. During training school days so much happens that is of common interest and is made the subject of general conversation, and nurses acquire a habit of discussing everything, but it does not do when out in the homes of those who depend on us for care and whom we depend on for a living. Because of the intimate relations the nurse forms with the families, she learns secrets which should never be whispered outside that home. She should not tell from one to another the details of the sicknesses, the amount of linen, etc., in the home. Then she should not only not gossip from patient to patient, but she should not retail hospital doings, or criticize the acts of other nurses, for the patients will do that to perfection. We are all responsible for the reputation of our hospital and we should be loyal to her, for we either reflect on her care and training or we do credit to it. This suggests one thing on which I feel very strongly, that of abstaining from intoxicating liquors when on duty. No nurse has any right to indulge in them while on duty, not only for what will be said about herself, but for the sake of the sister nurses.

The thoughtful, tactful nurse will leave the room after seat-

ing visitors; she will also give the patient and physician an opportunity to discuss privately anything they may wish to. She will also plan to be away so that the husband and wife can visit together alone; and she will be much appreciated if on occasions when there are guests to dinner, she will have her own meals sent up to her room or go down to second table.

This suggests the treatment by the nurse of the servants in the family. While she should at all times maintain the dignity of the profession and of her own position, she will be considerate of the servants and exhibit a modest, quiet spirit at all times, remembering that they do not know or appreciate how many years of training she has had. She will avoid conflict with them and not order them to wait on her, though she may have to do extra work. Sad indeed is the experience of the nurse through whose thoughtlessness or tactlessness the servant leaves when there is illness in the house, but happy and complimented indeed is she, who, on leaving the case, has not only the patient's gratitude and tears, but the servant's sorrow at her departure.

The nurse should endeavor to keep up with the times by reading the daily papers and magazines, not so much that she may lead discussions, but that she may be able to appreciate what is being talked about by those around her. She ought also to wait to be invited to participate in the social life of the family before doing so. When making an obstetric engagement she should state her price and have a definite understanding as to when the engagement begins and the day she shall be paid from. By so doing much worry and trouble is avoided for both patient and nurse.

When death enters a home the nurse is in a trying position, and while endeavoring to be a comfort to the sorrowing ones by being cheerful and brave, let it never be said of her, "She was without feeling." If the case has been a long one and she has become endeared to the family, she is usually asked to stay until after the funeral, and though it is not easy to do it seems to be one of her duties.

Because of the long hours of confinement, the necessity of giving up all of one's own interests to those of the patient, the strain of keeping in sympathy with the family's interests, and of keeping cheerful, smiling and sweet under all circumstances, private duty nursing is exceedingly wearing and strenuous, and means the expenditure of one's own nervous force. For this reason one can work only about three-fourths of the time. She should have a pleasant comfortable room, where she may do exactly as she pleases when off duty; and, oh, the joy of coming to your own little den after weeks of hard work and close confinement in someone else's home. But the compensations of private duty nursing are many. The companionship of refined, cultured people, the intimacy of beautiful family

relations into which the nurse enters for a little while, the friendships formed which often last for life, the gratitude of the whole family, and their never-ending interest in your welfare, all go to make one's life broader, more charitable and happy. The nurse develops with her work, she acquires self-possession, self-reliance and self-poise, and with it a reputation for faithful, conscientious work, for it is true of the nurse as well as the physician, "A pleased patient is her best advertisement." ..

No better advice can be followed by the nurse who has to adapt herself to the ever-changing conditions of home nursing than that given by Polonius to Laertes:

"To thine own self be true,  
And it must follow as the night the day,  
Thou canst not then be false to any man."

The well-trained nurse who will apply these principles to her life and work and obey the golden rule, "Do unto others as ye would that they should do to you," will be a satisfaction to her patient, to her physician, and to herself.

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### NURSING IS A PROFESSION

Every year, hospital training schools, giving a two to four years course, graduate hundreds of nurses. These nurses become members of graduate nurses' associations, to which are not admitted nurses taking a three months, six months, or correspondence course. This is done not only for the advancement of the profession of nursing, but also as a protection to the public—the same reasons that formed the medical and other professional associations. Nurses wishing to do district work, become members of the Victorian Order of Nurses, with headquarters at Ottawa. This order accepts graduate nurses (after a probation) and gives a special training in district work. The order pays nurses' salaries and expenses. When possible a small fee is collected from the patient to help carry on the work of the V. O. N. Communities needing the services of district nurses, should apply to Victorian Order of Nurses, Ottawa, not flood our country with untrained nurses, as a correspondent in our local papers wished. In a few years it will be as impossible for sham nurses to practise, as it is to-day for quack doctors to do so.

ETHEL MORRISON.

Victoria, B.C.

## YOUR LIFE WORK

It is a serious matter to come to the close of one's course of institutional training.

1. *Graduation is not the completion of your education or training.*

It is only the close of one period—that period in which you have laid broad and deep foundation principles, those principles which are to govern your future.

There is an expression used to-day which suggests the same thought. We speak of a person "making a career" for herself. What do we mean? Literally, the word "career" means "a race course"—hence, the path which we mark out for ourselves. Thus, graduation does not mean that you have now a clear and well-defined course to follow, but that there has been placed within your reach the power to carve out for yourselves the pathway of your life's ambitions—your life's work.

2. *What is this work?*

It is not for me to tell you of what a nurse's work consists, even if I could, nor would this be a fitting occasion to do so. But I can tell you some things which, perhaps, in your professional capacity, you may overlook.

It is almost superfluous to point out the nobility of your calling and that you belong to a profession which ranks in the forefront so far as service to mankind is concerned. There can be no doubt that the trained nurse is one of the greatest blessings of modern times. But it is one thing to recognize this in a general way and quite another to remember it in a specific manner, so far, I mean, as it relates to your individual work. There are two words, however, which will help you to remember this and to live and act in accordance with it, viz.:

(a) *The very name you bear.*

A nurse is the personification of the art signified by the verb "nourish." And what does not that word suggest? Think of all the tenderness, the patience, the humility, the love that is embodied here, and, thinking of it, live up to your name.

(b) Another word which will help you to remember your high calling is that which, I think, better than all others describes your work, even as it describes all true work—I mean the word "service."

Do not be afraid of that word. Neither be afraid of the word "servant." They embody the highest act of humanity. Life is full of paradoxes and none is more striking or truer than that "to serve is to reign." Even the Divine Master Himself could find no better way of describing Himself and His work than to say, "I am among you as He that serveth."

3. *Some Elements of Success.*

(a) *Remember the boundless possibilities of your profession.*

I have said that your calling is one of the noblest and highest possible. Not only so, but it is one which should call

forth the very best qualities in you, for all the possibilities of the profession are potential in yourself. You, as an individual have the power to make your profession more noble or less so. Whatever you do to advance the cause for which you stand will advance the whole. But the opposite is equally true. Let it be your aim, then, not simply to work for yourself—for your own advancement, your own self-aggrandizement—but for the cause, for humanity.

(b) *Be loyal.*

(1) *Be loyal to your chosen profession.*

Take your work seriously. To enter it in any flippant or careless way, or simply as a means of livelihood, will be to court failure. So far as I have been able to judge—and I may say that my work naturally brings me into touch with many of the nursing profession—this is the chief cause of non-success, other things being equal. Unless one feels called to this work—is in it because it naturally appeals to you to serve your age and generation in this manner—better, far better, not to enter it at all. The nursing profession is not a stepping-stone towards acquiring a fortune or even fame—but, I take it, is a boundless sphere for doing good in the Master's own way.

(2) *Be loyal to yourself.*

Do not sink your own individuality in your profession. This is as harmful as it is to sink your profession in yourself. Avoid professionalism. (I use the word in its narrow sense.) Be human, and you will then be humane, which is, after all, only exhibiting the finer instincts of the race—those qualities which we naturally associate with the sweet-faced, sweet-voiced wearer of the uniform which it will be your privilege now to don. Do you ask what those qualities are? I would point you to your motto—*caritas*—a word which embraces, in its full meaning, all that goes to make up true character, for does it not mean “love”—and those of you who have read Drummond's “The Greatest Thing in the World” will recall his wonderful analysis of Love, based upon Paul's noble panegyric, viz., Patience, Kindness, Generosity, Humility, Courtesy, Unselfishness, Good Temper, Guilelessness, Sincerity. I could not ask you to do anything better in the line of success than, as your eye rests upon your motto, that you strive to realize its full meaning in your own life.

(3) *Be loyal to your highest ideals.*

I do not think anyone passes through a course of training for any chosen profession without framing for one's self certain ideals—ideals which are closely associated with one's future career. In the first flush of enthusiasm with which one takes up the work it is easy to keep these ideals before one—but, as time goes on and it is ascertained that the attainment of them is no easy task, comes the temptation to abandon them.

You, too, no doubt, have your ideals, either of your own making or suggested to you by your teachers. You, too, will have to face this same temptation. Whatever you do, do not yield to it. Never abandon your ideals. You will ever find them an inspiration—a lode-star beckoning you on to higher things.

(4) *Be loyal to your Alma Mater.*

"If I forget thee, O Jerusalem, let my right hand forget its cunning," said David. And the true graduate of any institution will not forget those halls where, amidst, it may be, much toil and weariness, yet also amidst joy and true companionship, she wrought for the better equipment of herself for her life's work. And this will be easy in your case, for you have here an Alma Mater of which you cannot help being proud. She has already won your affection by her own qualities and will continue to hold it, by reason of the high standards which it will be her aim always to present to the world. She looks to you, as her true and loyal daughters, to keep her name untarnished and her standards never lowered. Remember that the work of a hospital is not confined within its own walls. It has a broader view, a larger vision than that which is so circumscribed. A hospital is a public institution and must stand the test of public opinion. And you, her graduates, are by no means the least of the fruits by which this institution will be judged. Do not forget, then, that she now permits you to use her name, that she has admitted you into her family and that you have the privilege of taking that name as your own. See that you do not take it in vain. Let your individual life and character—what you are and how you do your work—be such as will not only reflect to your own credit, but to that of your benign mother, the R. A. H.

I heartily congratulate you on your successful work, and I wish you enough success in the future to encourage you ever to strive after the higher goal, and just enough of difficulty to keep you from getting into that state where striving becomes impossible.

R. A. HILTZ.

## LETTERS FROM A NURSE IN TRAINING

### The Hospital of the Good Samaritan.

My dear Margaret,—How pleasant it is to be able to pour out one's whole soul on paper in this fashion and to be quite sure of being understood! Truly I have travelled far since I left home a month ago and all of the road has been passing new and strange and some of it a bit rough and thorny. You have travelled it yourself and, though now you look down on me from the cold heights of your assistant superintendency you will understand and sympathize as even the home folks cannot. I seem suddenly to have entered a new world, different surroundings, different ideals—almost, it seems to me, they speak a different language.

I had hardly expected to enter the hospital so soon. When I made application I was told it would probably be in August, but some other applicant failed then, and, though it is only June, behold me a probationer of one month's standing.

The night of my arrival remains a horrid memory. It was evening when I reached the home and the nurses were coming off duty in companionable groups of twos and threes. No one seemed to be alone but me. There I stood with my shabby little valise, no one seeming to care whether I had any resting place for the sole of my foot or not. A few of them looked at me with mild curiosity. I am the first member of the new class and there have been no probationers for some months.

At last the housekeeper arrived and took me to a room on the top floor—two beds in it, clean and very bare. My trunk had arrived before me and I was told to unpack it and put the things away as we are not allowed to keep trunks in our rooms. I don't like to think about unpacking that trunk. There lay all the neat little piles of things mother had put away for me—the blue and white uniforms she had fitted on me so anxiously, the "sensible" shoes the boys had made so much fun of, even the square tin box of cake and my favorite jam "for fear I should be hungry." I felt as though I could never be hungry again. I bundled everything away as quickly as I could, put on my things for the morning and crept into bed. Then the great wave of homesickness that had been mounting higher all day broke and rolled over me fathoms deep.

Just before ten o'clock the door opened and my room mate came in. She seemed a little taken aback when she saw me and my possessions. Evidently she had not expected the invasion of this brand new recruit and did not quite like it. She is a pretty little Welsh girl with such a delightful accent and seems very popular with the others. At half-past ten the lights clicked out and most of the girls must have had to finish disrobing in the dark. In a few minutes the halls were silent. From my window I could see the lights of the hospital and hear the subdued whirr of the dynamos in the power-house beating like a great heart. At last I fell asleep, but almost immediately it seemed to me the six o'clock bell rang, and it was my first day on duty. I got up at once and dressed with trembling fingers. I was ready long before my room mate, who seemed rather

amused at my eagerness. We had breakfast and went upstairs for prayers at ten minutes to seven. It was rather an ordeal. There were about fifty nurses there all in the dark blue uniform of the hospital. I suppose it would have been a pretty sight if one had been in the mood for it. The head nurses wore white and stood in a group by themselves. The lady superintendent read a few verses, then we sang a hymn and said the Lord's Prayer. In some vague way I felt comforted, but whether it was religious consolation or not, who shall say? They all filed out of the room in order of class, poor me at the extreme tail end. The assistant superintendent stopped me and told me she would show me where to report for duty. We went through endless corridors until we reached Ward Three, a public medical ward for women with a small ward at the side for children. The head nurse, Miss Crawford, was reading the night report, the others standing round waiting for orders. I scanned her features anxiously, for was she not to be one of the arbiters of my fate? She is very striking in appearance, splendid grey eyes with black straight brows, but a cruel-looking mouth. She looked at me from head to foot with an appraising stare, made no remark but looked, I thought, sufficiently disgusted. When the rest had been assigned their various tasks she showed me the large ward—twenty beds in it, also the children's ward with eight cots and the various linen cupboards and bathrooms. Most important of all, she showed me the bell register in the ward kitchen. "It will be your duty," she said in calm professional tones, "to answer those bells." I gazed at her in helpless fascination. There were twenty numbers on the register. Suppose they all rang at once! Even as I pondered one rang, loud and insistent. It was seventeen. I managed to locate it—a very querulous old woman in the corner of the big ward. She was propped up with a back rest and was breathing heavily. "I want to be lifted up in bed," said she, "but you won't do—you're a new one. Get some one as knows something." This was what the boys would call a squelcher. The third nurse, Miss Everett, who was near by, came to my rescue. She does not seem a very strong girl, but it was a revelation to me to see her lift that heavy woman. I helped her re-arrange the pillows and back rest, all I was good for!—and wondered whether I should ever be as deft and clever as she was.

There were small wooden tables between the beds which I was set to scrub. These tables are an eyesore to Miss Crawford. I learned later, Ward 3 being the only ward in which these relics of barbarism still survive. In the other wards they have been replaced long ago with glass ones of the most approved type. However, I scrubbed them as well as I possibly could and wiped down all the window sills, subject of course to frequent interruptions from that importunate bell register.

Then Miss Crawford escorted me to the bathroom, showed me how to scour and polish, and left me to my own devices. At ten o'clock order was beginning to evolve out of chaos to some slight extent. Miss Crawford came down, narrowly inspected what I had accomplished and made no remark one way or the other. She told me there was "lunch" in the ward kitchen and



that I might go and get some. I was the last and there was only one slice of toast left. But I gobbled it up in a twinkling, and like *Oliver Twist* longed for more. Everything tasted a little of turpentine and carbolic, for my labors in the bathroom had invested me in a sort of aura of these searching perfumes, but never before or since have I been so ravenously hungry.

In the afternoon I was taught to make a bed hospital fashion. It seems a comparatively easy thing to do—until you have to do it. The pillows seemed to be demoniacally possessed. No matter how I patted and pulled and shook and twisted, they all flopped to one side like a badly poached egg. Then along would come Miss Crawford—a little twist and a shake and there they stood as firmly as Gibraltar.

By seven o'clock I was heartily tired out. I climbed up the three flights of stairs and threw myself on my bed, but I remembered what you once said about weeping probationers and restrained any fond and foolish tears I might otherwise have been prone to shed. The little Welsh Miss Williams had changed her uniform for a light skirt and blouse and went gaily away to play tennis. I could hear the soft thud of balls on the court and the voices of the players as they called the score. I tried to read but could not. Over the city it was beginning to grow dusk and far away the colored lights of the fair grounds twinkled in the summer night. I could even hear the music faintly, borne in on the cool night breeze. Such an odd little tune! Mother and I had often played it as a duet and thought it pretty, and now out there the horses danced to it in a dog and pony show. Such a merry little tune, with the gay ponies in their bright trappings dancing in the sawdust ring—but not all the grand classics of music breathing every emotion the human heart ever thrilled to could have stabbed my heart like that teasing melody played by that cheap band. Of such strange stuff are we made, my Margaret.

Well, this was the first day, and in many respects, I think, the worst. I am getting physically accustomed to the grinding work now, but it is being borne in upon me that your advice, "Never forget the human side of your work," is increasingly hard to live up to. We are all in such a desperate hurry, so much work and so little time, that when I have answered seventeen's bell five times in half an hour I lose sight of the fact that she is an old woman worn out with hopeless suffering and think of that horrid line, "They are neither man nor woman, they are neither brute nor human, they are ghouls." Needless to say I manage to disguise my feelings, but I suppose that according to your standard this is not sufficient. "Not only with our lips but in our lives." Be patient with me, my Margaret. This stern discipline, this scouring of taps, this answering of bells, crass mechanical work as it is, is accomplishing its object. The unruly spirit of your friend is daily chastened. I never was so ordered about in my life. Everyone has dominion over me. If I leave a dirty cup in the sink the Irish ward maid admonishes me. The ward cleaner was very much annoyed yesterday because I took his radiator brush without permission. The fourth nurse has only been here four months, but, metaphorically speaking, she

casts her shoe out over me at every turn. She gave the medicines last Sunday afternoon when the second nurse was off duty; just think of that! I can hardly read the hieroglyphics on the labels, and as for holding the corks in the crook of my little finger with the degree of sang froid she possesses—alas! no, I shall not attain unto it in many moons.

I cannot tell whether I am likely to be accepted or not. Miss Crawford never praises me, no matter how hard I work, but she has only really scolded me twice. Once because I left the window shades at uneven heights in the big ward, and once because I let a medical student carry a screen for me. It was an awfully heavy screen and he was a very strong medical student, therefore why shouldn't he carry it? I didn't ask him to carry it and all I said to him was "Thank you." But it cost me ten minutes in the linen cupboard that were far worse than the carrying of many screens.

I asked Miss Everett whether Miss Crawford would recommend me for acceptance. She seemed to be rather doubtful. "She keeps you on with her on Sundays and that's a good sign," she vouchsafed at length. But is it? and why? Oh, dear! the lights will be out in a minute. I must go to bed. To-night in some strange way the whirr from the engine-room sounds more friendly, more as though the heart of the Hospital of the Good Samaritan beat for me too, as though I were really part of it at last.

Good-night. Think of me.

E. J.

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### ORILLIA GENERAL HOSPITAL

The annual meeting of the Orillia General Hospital was held in the Council Chamber recently and the hospital is not only doing good work, but is almost paying its way—a wonderful record. Miss Johnston, the superintendent, reports: Patients admitted, 140; patients discharged, 125; deaths, 5; births, 5; nurses in training, 5; number of days outside nursing, 14; number of days special nursing in hospital, 10; number of days special nursing by outside nurses, 68; number of days treatment, 1,958; average cost of patient per diem, \$1.10. The old board was re-elected, with the exception that Dr. A. P. Ardagh was elected to succeed Mr. H. J. Bartlett, who resigned some time ago. The board is composed of Messrs. T. H. Sheppard, H. T. Blackstone, G. H. Clark, J. J. Hatley, W. H. Tudhope, A. E. Munn, R. J. Sanderson, Wm. Carson, and Dr. A. R. Harvie, Dr. A. E. Ardagh, Dr. W. C. Gilchrist, and Dr. A. P. Ardagh. We congratulate one of the newest of Ontario hospitals on its excellent record for the first year.



Extracts from the annual report of the president of the Victorian Order of Nurses Committee, Baddeck, C.B. .

"On making this my annual report for the year just ended, I am confronted with the sad trials of that year—trials that reached the hearts of loving parents, and, despite the faithful care of doctors and nurses, left many a vacant chair at our firesides.

"The V. O. Committee of this district, in that crisis, was always ready and willing to extend the helping hand to the suffering neighbor. Perhaps one of the most perplexing things for our committee was to place the service of the nurse so that it could do the most good to the many.

"Those present will agree with the committee in believing that, at no time in the past twelve years, was a nurse needed so much in Baddeck as last summer, and at no time in those years was a nurse called upon to do the strenuous work and continuous nursing that fell to the lot of our present nurse. She made 331 visits during the past year, and did 166 days continuous nursing. That, in my opinion, is a volume of work that would try the strength, patience and endurance of the strongest among us. In justice to our nurse, I must say that in the months, August, September and October, when she was on continuous duty, with but little rest, moving from sick-room to sick-room, I did not hear a single complaint or murmur about herself. A self-sacrificing nurse is a true disciple of the great Florence Nightingale. Can we pay for such a service with a few dollars? I say no, never! Not in this world is the service of the faithful nurse recompensed!"

D. McDonald, M.D.

Note.—Baddeck was visited last summer by a malignant type of dysentery, which attacked children and old people principally, and with few exceptions proved fatal to all children who contracted it. The Victorian Order nurse in Baddeck is Miss M. E. Crocker.

A post-graduate course in District Nursing, four months, is given at one of the Homes of the Victorian Order of Nurses, either in Ottawa or in Toronto. For full information, apply to the Chief Superintendent, 578 Somerset St., Ottawa, or to the District Superintendent, 206 Spadina Ave., Toronto.

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## The Guild of

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## Saint Barnabas

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"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]

—*Ambroise Pa*

The American Guild of St. Barnabas for Nurses supports a missionary nurse, Miss Agnes Bolster, at Tanana, Alaska. The name of the mission is "The Mission of Our Saviour."

At the annual meeting of the Guild, which was held at St. Louis, Missouri, on November 11th and 12th, the services were opened by the celebration of the Holy Communion by Bishop Whitehead and Dean Davis in the chapel of St. Luke's Hospital. This service was a sweet and memorable occasion, and at the conclusion, all the congregation were taken to the breakfast-room as the guests of the superintendent of the Training School, Mrs. Smith. There are now thirty-five branches of the Guild in the United States.

The officers of the Guild are as follows :

Chaplain-General—The Rt. Rev. Cortlandt Whitehead,  
Bishop of Pittsburg.

Secretary-General—Mrs. W. R. Howe, Orange, N.J.

Treasurer-General—Mrs. B. B. Van Harlingen, Philadelphia,  
Penn.

**True religion**—the thing that binds together, the golden chain that links our poor little earthly lives with the better life above, and keeps us here as brothers and sisters bound together with a golden chain, which unites us one and all with the great Brother on high.

Mrs. Scharlieb, M.D., M.S., Hon. Mem., Guild of St. Barnabas.

## My Scallop-Shell of Quiet

GIVE me my scallop-shell of quiet,  
My staff of faith to walk upon,  
My scrip of joy, immortal diet,  
My bottle of salvation,  
My gown of glory, hope's true gage;  
And thus I'll take my pilgrimage.

Blood must be my body's balmer;  
No other balm will there be given;  
Whilst my soul like quiet palmer  
Travelleth toward the land of Heaven:  
My soul will be a-dry before,  
But, after, it will thirst no more.  
—*Sir Walter Raleigh.*

### THE LAMP OF ZEAL.

"I think we made too many rules, and that we remade them too often. I make fewer now, and easier ones, and let them much more alone. I wonder if I really keep them better? But, if not, may God, I pray Him, send me back the restless zeal, the hunger and thirst after righteousness which He gives in early youth! It is so easy to become more tolerant of evil, more hopeless of good, more careful of one's own comfort and one's own property, more self-satisfied in leaving high aims and good deeds to enthusiasts, and then to believe that we are growing older and wiser. And yet these high examples, these good works, these great triumphs over evil which single hands effect sometimes, we are all grateful for when they are done, whatever we may have said of the doing. But we speak of saints and enthusiasts for good as if some special gifts were made for them in middle age which are withheld from other men. Is it not rather that some few souls keep alive the lamp of zeal and high desire which God lights for most of us while life is young?"—*Juliana H. Ewing.*

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### LIFE ETERNAL.

It is a life in which the powers of humanity are perfectly developed, and thus developed are fully satisfied; a life, the very instinct of which is the service of God; where temptation is unknown and weariness no more besets our path; a life of one unending day, of one unclouded happiness, of one unceasing joy.  
—*Canon George Body.*

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# The Canadian Nurse

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## Editorial

### THE CANADIAN NURSE IN ENGLAND.

Canadian nurses who have never visited the home land have before them one of the most delightful of earthly experiences. Even those of moderate means need not fear to undertake it. Nurses work hard. They often lose sleep. Their nervous energy is given freely to their patients and they need to be "re-created." There is nothing else that can do this as successfully as an Atlantic voyage. Travelling in England is cheap compared to travelling in Canada and living in London is often cheaper than in Toronto. Canadian nurses will be made welcome in London. Canadians are welcome in Great Britain. On arrival, the Canadian nurse should at once write to the leading railways, the London & Northwestern, the Glasgow and Southwestern, the North British, the Caledonian, etc., etc., and ask for information about "circular tours." By these circular tours the traveller goes everywhere and back again for about one fare and a penny a mile is the usual rate. Third-class is quite good enough for anyone. As they say in Scotland: "Only lords and fools travel first-class."

Of course nervous nurses are unknown in Canada, but if anyone has an attack of "the nerves" there are always railway carriages marked "Ladies only." (The editor of the Canadian Nurse never travels in them!)

A more important matter still is the question of where to stay in London and here Canadian nurses are exceptionally fortunate, as Miss Ellis, the Head of Worsley House Club at 15 Clifton Gardens, Maida Vale, London W., a residential club for working gentlewomen, has kindly allowed "The Canadian Nurse" to say that she will receive favorably requests from Canadian nurses for residence at the club during their visit to London and be glad to receive them into the club as temporary members. The club is situated within ten minutes of the Marble Arch, and ten minutes of Paddington Station. A motor omnibus passes the door, and there is also a cab stand within a few yards, and a taxi-meter cab stand. The charges for rooms are: Bed-sitting rooms from 10/6 per week; single bedrooms, from 8/- per week; double bedrooms, from 10/6 per week. Breakfast and late dinner, with supper on Sundays, costs 10/6 per week. Lunch, consisting of meat, vegetables, and pudding or cheese, is 8d.

It is very doubtful if there are many places in Canada where one can be as comfortable as in Worsley House Club, for the payment of such a moderate sum. We hope a good representation of Canadian nurses will go to England this year.

## THE INTERNATIONAL CONGRESS ON NURSING.

London, July 19th to 23rd. 1909.

We are indebted to Miss L. L. Dock, one of the Secretaries of the Congress, for the following official announcements:

Monday, 19th July, has been set apart for the Quinquennial Business Meeting of the International Council of Nurses. The meeting will be held in the Council Chamber of Caxton Hall, Westminster, opening at 11 a. m., with a short address by the President, when the "mot d'ordre" which is to stimulate the efforts of members until the next meeting will be given. We are now working with the watchword Courage.

The officers of the three countries federated as the International Council—Great Britain and Ireland, the United States of America, and Germany, will present short reports of work accomplished since 1904, when the Council met in Berlin.

The applications from countries willing to affiliate—Holland, Finland, Denmark, and Canada—will then be received, and the Presidents of the National Councils of Nurses of those countries will be introduced to the International Council. Their delegates will thus be enabled as members to vote in the election of honorary officers, for any resolutions or amendments of the Constitution which appear on the Agenda, and to decide where the next meeting of the International Council of Nurses will be held. A full list of those officers who are entitled to vote will be given later, and the Agenda of this meeting sent to each, and seats reserved for them in the hall.

As the deliberations will be of great interest the rest of the hall will be reserved for members of affiliated National Councils of Nurses, so that they may realize the far-reaching influence of this extending international federation of trained nurses. An international badge of ribbon will be available to be worn by the members of every affiliated society of nurses grouped into National Councils, federated in the International Council of Nurses, a sign of the growing solidarity of the nursing craft. The presidents and delegates of the International Council, together with other distinguished members of the Congress, will be entertained to luncheon at 2 p.m., upon the invitation of the president of the National Council, Mrs. Bedford Fenwick.

In the evening, Miss Isla Stewart, matron of St. Bartholomew's Hospital, will entertain distinguished guests and others at a conversazione at St. Bartholomew's Hospital, E.C., when the invited speakers of the Congress will be presented to their hostesses.

### The Congress.

The Congress will open at 10 a.m. on Tuesday, 20th July, when Mrs. Isabel Hampton Robb of the United States will present a paper on the "International Standard of Nursing Education and Registration."

The coming Congress is arousing the greatest interest both at home and abroad, and already many of the distinguished foreign nurses who have been invited to speak have consented to do so. From the United States we are to have papers from Mrs. Robb, President of the American Society of Superintendents



of Training Schools; from Miss M. Adelaide Nutting, Professor of Domestic Science, Teacher's College, Columbia University, New York, and President of the American Federation of Nurses; from Miss Anna L. Alline, Official Inspector of Training Schools under the Regents of the University of New York; and from Miss L. L. Dock, Hon. Secretary of the American Federation of Nurses, and of the International Council of Nurses.

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### THE WOMAN'S HOSPITAL AID ASSOCIATION.

Sometimes those interested in hospital work wonder if this agency is appreciated as it ought to be either by the workers inside or outside of the hospital. Yet it does a great deal of good. It often makes the hospital a happier and more home-like place. It unites the interests of the community and the hospital and its success is measured, not so much by the money it presents as by the place it gives to the hospital in the hearts of the people. One of our best hospital workers in the West assures us in a recent letter that "between ourselves, if it hadn't been for the Woman's Hospital Aid here, the work they have done and the money gathered, our general hospital would have been defunct long ago. As it is, we are to have a new hospital and the women have undertaken to provide all the linen and as much more as they can do. The older members were tired with work, but a new leader arose and united the oldtimers and the newcomers. The newcomers are taking their share of work without any ill-feeling of the older ones."

What a help such an organization is! We have lately heard also of a "Hospital Circle" in one of the Toronto churches which made in 1908 the sum of \$600.00 for hospital work, and of a "Girls' Auxiliary" in one of the newer cities of Manitoba which is doing great things to help the hospital.

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### THE NURSES' CLUB-HOUSE IN TORONTO.

We heartily congratulate Miss Bowerman and all those who have so ably assisted her in the arduous task of establishing a club house in Toronto, upon the success which has attended their efforts. Miss Bowerman has been the leader in the movement. The idea was hers. Much of the work was hers. She has united a large number of nurses in the project and its success will fill her kind heart with joy. We hope she may long live to see her best hopes for the club realized.

On February 1st the Toronto Graduate Nurses' Club completed their purchase of 63 Isabella Street. Possession will not be had until May 1st, the house being rented until that time. The proceeds from the "Fair of all Nations," which were very nearly \$3,000, enabled the Club to make their first payment on the house. It is hoped that all those nurses who helped so well with the Fair will continue to help the Club and become members, in which case the success of the club house will be assured.

## THE VICTORIA NURSES' CLUB, BRITISH COLUMBIA.

The constitution of the Nurses' Club of the city of Victoria, in British Columbia, is a model one, and will be interesting to the many nurses' organizations in Canada and elsewhere. The club was organized on February 8th, 1905, and incorporated on May 1st, 1906. Its objects are the development of a loyal and sympathetic feeling among its members; the advancement of the profession of nursing and the raising and maintaining of a benefit fund for its sick nurses. The membership is restricted to "authenticated trained nurses registered on the club's register as such."

We hope to receive regular reports from the secretary from time to time, and congratulate the club on its success.

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## SAILING FOR ENGLAND.

Nurses who are thinking of attending the International Council of Nurses, meeting in London in July, should lose no time in securing passage on some safe and comfortable steamship. The Canadian Pacific Railway Company have kindly sent us the following information re their "Empresses." After the 1st of May the minimum rate is \$90.00 each way on these magnificent steamers. The C. P. R. has also available three good steamers which carry one class of passengers only—the "Lake Erie" and "Lake Champlain," to Liverpool (\$45.00 each way), and the "Montrose" to London direct (\$42.50 each way). A party of nurses going together would be very happy and comfortable on these steamers. The Allan Line is also a good steamship line and enquiry at their offices would, we are sure, receive prompt and careful attention. The benefit of a visit to Britain is great and lasting.

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## Editorial Notes

### Ireland.

**The Queen's Gifts to the Soldiers.**—Queen Alexandra, with characteristic kindness, has sent many pictures, rugs and other comforts to the Irish soldiers in hospitals. She has also sent £1,000 for the benefit of all sick soldiers at home stations under Q. A. I. M. N. S. and to supply other gifts of the same kind.

### Scotland.

**The Highland Division.**—This division of the Territorial Nursing Service, under the organizing matron, Miss MacNaughton, of Aberdeen, is the first to complete its enrolment. Scotland forever!

### Italy.

**Nurses to the Rescue.**—Great efforts have been made to meet the great calamity at Messina and elsewhere. Headed by Queen

Elena, Queen Margherita and the Duchess of Aosta, assisted by all the British, American, French, Red Cross and other doctors at hand, all the trained nurses, and indeed all the women who could, have aided the sufferers. The king opened all royal palaces, villas and castles to them and the Anglo-American colonies have done their best to aid. In such an overwhelming calamity, how small the greatest efforts are and yet how precious! For example, the International Hospital at Naples, which usually has fifteen patients, had 2,000 under its care immediately after the earthquake.

#### South Australia.

**A Nurses' Club-House.**—Miss Tibbits, who has just returned to Adelaide after a long absence of two years, during which she has visited many nursing centres, has engaged, with an excellent committee, in the establishment of a Nurses' Club for South Australia. We heartily wish it success and shall await further news of it with great interest.

#### Great Britain.

**The Territorial Nursing Service.**—This service is making great progress. The Queen has consented to be president. A meeting was recently held at the Mansion House in London for the benefit of the movement. The chair was taken by the Lord Mayor and Sir Alfred Keogh, D.G.A.M.S., Miss Haldane and others spoke.

**Medal for Saving Life at Sea.**—The stewardess on board the "Sardinia" (burned in the Mediterranean Sea) has been awarded Lloyd's Medal for saving life at sea, and is the first woman to receive it. She remained at her post till all the women and children were rescued and helped and encouraged all the passengers.

#### United States.

**Canadian Nurse in Tacoma.**—At the annual meeting of the Pierce County Nurses' Association, Tacoma, Wash., Miss Edith Weller, R.N., of the Northern Pacific Hospital, was elected president. Miss Weller is a Canadian.

#### Italy.

**Volunteer Nurses at Messina.**—The British bluejackets are so adaptable that they made splendid nurses in these dreadful days at Messina. The "Nursing Times" quotes from a letter written by Officer Harris of H. M. S. "Sutlej": "There were fires in bogies all round the decks, gallons of beef-tea and chicken broth, and brandy and wine were provided. Shoes and flannels and serge clothes were served out to those in need, and two men with sewing machines were working night and day making inside clothes out of flannel for the women and children. Our men carried round the little children in their arms to see if they could recognize any of their friends. We had scores of them fatherless and friendless. The men bathed all the little children, made little suits for them, and gave them oranges and cakes."

## THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

President—Mrs. C. J. Currie, 175 College St., Toronto.

First Vice-President—Miss Annie Robinson, Superintendent, General Hospital, Galt.

Second Vice-President—Mrs. S. H. Tilley, 228 Johnston St., Kingston.

Treasurer—Mrs. Thomas Roden, 127 Dunn Ave., Toronto.

Recording Secretary—Miss Julia Stewart, 134 Yorkville Ave. Toronto.

Corresponding Secretary—Miss E. R. Greene, 418 Sumach St., Toronto.

Board of Directors:—

Miss Brent, Superintendent, Sick Children's Hospital, Toronto.

Miss Mathieson, Superintendent, Riverdale Hospital, Toronto.

Miss Barwick, 644 Spadina Ave., Toronto.

Miss Woodland, Superintendent, Western Hospital, Toronto.

Miss Lennox, 107 Bedford Road, Toronto.

Miss Hamilton, 608 Church St., Toronto.

Mrs. Yorke, 400 Manning Ave., Toronto.

Mrs. Paffard, 51 Poplar Plains Road, Toronto.

Miss M. Christie, 19 Classic Ave., Toronto.

Miss Eastwood, 206 Spadina Ave., Toronto.

Miss Graves, St. Michael's Hospital, Toronto.

Miss Mary Gray, 505 Sherbourne St., Toronto.

The Executive Committee of the G. N. A. O. met on Tuesday, Feb. 16th, at 8 p.m., at the house of the president, Mrs. Currie, who occupied the chair. Others present were: Miss Brent, Miss Eastwood, Mrs. Yorke, Miss Christie, Miss Greene, Miss Woodland, Miss Mary Gray, and Miss Stewart. Thirteen applications for membership were read and accepted, viz., Miss Iva M. Murphy, Miss Ella Duffield, Miss Dorothy E. Street, Miss Elizabeth Aitken, Miss Annie Philip Kerr, Miss Edith Glass, Miss Eldred Neelands, Miss Gladys Young, Miss Barbara M. Simpson, Miss Gertrude Summerfeldt, Miss E. A. McLeish, Miss M. C. Milne, graduates of the Hamilton City Hospital Training School, and Miss Lena Claffy, graduate of St. Michael's Hospital Training School, Toronto.

The Executive Committee wishes to make the annual meeting of the Association, which this year will be held in May, as interesting as possible, particularly to those doing private nursing. Problems which relate to hospital and training school management can be discussed at the meetings of the Superintendents' Societies, and the G. N. A. O. was organized to be a help and inspiration to the private nurse. It is hoped that Miss de Witte's paper, "Some Problems of the Private Nurse," will be thoroughly discussed, and that the members will express their views freely on points brought out. Miss Eastwood will give a short paper on "Registration," and as no nurse in Ontario has a better knowledge of that subject than Miss Eastwood, this will be interesting to everybody. It is also proposed to have a "Question Drawer," of which Miss A. I. Robinson, of Galt, Ont.,

has kindly consented to take charge. Questions may be sent to Miss Robinson, or to either of the secretaries, at any time before the meeting. Miss Brent is arranging for some demonstrations to be given, the subjects of which will be announced later. It is proposed to have two sessions, probably afternoon and evening, and this will give ample time for a very interesting programme to be given.

Will members of the G. N. A. O. please notify the recording secretary of changes of address?

Wanted, the address of Miss B. T. Atkinson, formerly of Edmonton.

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## GRACE HOSPITAL ALUMNAE ASSOCIATION

### Annual Report 1907-1908.

In presenting the annual report of 1908, we deeply regret our membership shows a slight decrease from last year, there being only forty-four members this year while there were forty-nine last. At the same time, although there are not so many members, the meetings have been better attended, showing more interest has been taken in them.

The Sick Benefit Fund, which has been discussed so long, has still not materialized, but we hope during the coming year to have it not only organized, but in such a condition that, if necessary, benefits can be derived from it.

We regret that our president, Mrs. Lalonde, has resigned her position before the close of the year; as a new president has not been elected, the first vice, Mrs. Macquoid, has taken her duties.

The members of the Alumnae Association take this opportunity of congratulating Miss Paton on the event of her marriage to Dr. C. J. Curry. She will be greatly missed at the monthly meetings, in which she has always taken a deep interest, and to which she was ever ready to give her help and sympathy when it was needed. As her new home is in the city, it is hoped she will very often accept the cordial invitation extended to her to attend as often as possible.

The officers and members of the Association wish to extend their thanks to the following doctors for their lectures: Dr. MacMurchy, "The International Congress of School Hygiene"; Dr. Cotton, "The Ideals of a Nurse"; Dr. McPherson, "Pneumonia"; and also to Miss Rhoden for her interesting talk on the new club-house.

The last meeting of the year was altogether of a social character and was held at Miss Segsworth's summer home at Centre Island. A great many of the nurses availed themselves of Miss Segsworth's hospitality and all had a most enjoyable time.

There have been some complaints made regarding notices of meetings not reaching their proper destinations. This is due to the fact that there have been changes of addresses which have not been known by the secretary. It is desired that when a member changes her place of residence, she should notify the secretary without delay, and that difficulty will be immediately overcome.

## **Official Department**

### **ALUMNAE ASSOCIATION, TORONTO GENERAL HOSPITAL.**

President—Lucy Bowerman, 349 Sherbourne Street.  
First Vice-President—Ida Beam, 728 Spadina Avenue.  
Second Vice-President—Annie Hartley, T.G.H.  
Recording Secretary—Miss Lindsay, T.G.H.  
Corresponding Secretary—Ida L. Burkholder, 728 Spadina.  
Treasurer—Marion E. Hall, 18 Earl Street.  
Board of Directors—A. J. Scott, Grace Hospital; M. Tweedie, 53 Langley Avenue; Edith Hargraves, 146 Winchester Street.  
Conveners of Committees:  
Sick Visiting—Elizabeth Field, 505 Sherbourne Street.  
Registration—M. E. Christie, 19 Classic Avenue.  
Programme—Mrs Feeney, 44 Willcocks Street.  
Social and Lookout—Miss Richardson, 551 Sherbourne St.  
Press—S. Caroline Ross, 1 Selby Street.  
Central Registry—Miss Purdy, 551 Sherbourne Street; H. Fralick, 728 Spadina Avenue.  
Canadian Nurse Representative—Miss Lennox, 107 Bedford Road.

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### **THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.**

For the year ending Oct. 15th, 1908.

Officers for 1908-09: Miss Barnard, President; Miss A. Clarke, 1st Vice-President; Miss L. Adams, 2nd Vice-President; Miss A. Robertson, Recording Secretary; Miss B. Goodall, Corresponding Secretary; Miss M. Wilson, Treasurer; Miss M. Gray, 505 Sherbourne St., Secretary for "Invalid Cookery"; Misses M. Hally, E. Jamieson and M. Ellrington, Directors; Miss J. Hamilton, 608 Church St., Convener of General Business Committee; Miss Sales, Miss McQuaig and Miss J. Gray.

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### **THE ALUMNAE ASSOCIATION OF THE COLLING- WOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.**

Officers for 1908-09: Hon. President, Miss Morton; President, Miss G. Morrison; First Vice-President, Miss P. J. Cottrill; Second Vice-President, Miss Ella Baker; Secretary, Miss J. E. Carr; Assistant-Secretary, Miss E. M. Dawson; Treasurer, Miss M. M. Redmond.

Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the Board Room of the Hospital.



## QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received appointments as Staff Nurses: Misses C. E. Alldridge, E. R. Thomson, M. O. Greenaway, F. E. S. Manning, O. F. Stinton.

### Postings and Transfers.

#### Sisters.

Miss L. M. Moor, to South Africa, from M. H., Devonport.

#### Staff Nurses on Appointment.

Miss A. H. Esden, to R. H. H., Woolwich.

Miss H. C. Johnston, to Cambridge Hospital, Aldershot.

Miss A. C. W. Teevan, to Cambridge Hospital, Aldershot.

Miss E. R. Thomson, to the Alexandra Hospital, Cosham.

Miss E. Close, to South Africa, from R. V. H., Netley.

Miss C. M. Williams, to South Africa, from R. V. H., Netley.

### Appointments Confirmed.

#### Staff Nurses.

Miss E. Cooke, Miss I. D. Humfrey.

#### Arrivals.

Miss M. E. Harper, Sister, from South Africa.

C. H. KEER,

Matron-in-Chief, Q.A.I.M.N.S.

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## GENERAL ORDER 220.

## APPOINTMENTS, PROMOTIONS AND RETIREMENTS,

### Canadian Militia, 1908.

Headquarters, 8th December, 1908.

The following appointments, promotions, retirements and confirmations of rank are promulgated to the Militia by the Honourable the Minister of Militia and Defence in Militia Council:

#### Army Medical Services.—Army Medical Corps.

To be a Nursing Sister: Miss Elizabeth Craibe. 16th November, 1908.

Nursing Sister Miss Rence Jane Kirk is permitted to retire. 17th October, 1908.

Nursing Sister Miss Agnes Mary Toohey is permitted to retire. 2nd December, 1908.

# QUEEN ALEXANDRA'S NURSING SERVICE RESERVE

## Regulations for Admission.

The following "Regulations for Admission to Queen Alexandra's Imperial Military Nursing Service Reserve" are issued with Army Orders, August 1st, 1908:—

### I.—CONSTITUTION.

1. The Queen Alexandra's Imperial Military Nursing Service Reserve is formed for the purpose of maintaining a reserve of nurses to supplement Queen Alexandra's Imperial Military Nursing Service in the event of war.

The Reserve will be under the immediate control of the Nursing Board, of which her Majesty the Queen is President, and will consist of the following grades:

Matrons.

Sisters.

Staff Nurses.

### II.—APPOINTMENT AND QUALIFICATION OF CANDIDATES.

2. Appointments in Queen Alexandra's Imperial Military Nursing Service Reserve may be given to persons duly qualified in accordance with the following regulations:—

3. A candidate must be between 26 and 45 years of age, must be single or a widow, and must possess a certificate of not less than three years' training and service in a civil general hospital, or a Poor Law infirmary recognised by the Local Government Board as a Nurse Training School.

A candidate will be required to fill in the form of application, which will be forwarded to her, and to produce the documents thereon enumerated.

4. Candidates must be approved by the Nursing Board, or by some person appointed by the Board.

### III.—CONDITIONS OF SERVICE.

5. Members must agree to serve either at home or abroad, as required, if called upon in time of war. They will be enrolled for a period of three years, which may be renewed from time to time; but their continuance in the Reserve will at all times be subject to review by the Nursing Board at the conclusion of each year's service.

6. Members will report themselves once a year in writing to the Matron-in-Chief, Queen Alexandra's Imperial Military Nursing Service, War Office, London, and will be required to satisfy the Board that they are continuously employed in *bona fide* nursing duties.

They must also immediately notify the War Office any change in their address.

Non-compliance with these requirements will render a member liable to be struck off the strength of the Reserve.



## IV.—RETAINING FEE.

7. A retaining fee of £2 per annum will be paid to Sisters and Staff Nurses of Queen Alexandra's Imperial Military Nursing Service Reserve on enrolment therein, and annually thereafter, subject to the provisions of Paragraph 5.

## V.—PEACE TRAINING.

8. Arrangements will, when possible, be made to enable members to do duty in a Military Hospital for a week or a fortnight if they wish. The only payment required from them during this period will be 12s. 6d. weekly for board. No emoluments will be issuable in respect of this training.

## VI.—RETIREMENT.

9. Members may be required to retire on attaining the age of fifty.

This age limit may be extended, under special circumstances, at the discretion of the Board.

## VII.—SPECIAL CONDITIONS APPLICABLE WHEN CALLED UP FOR SERVICE.

10. The following regulations will apply to all members of Queen Alexandra's Imperial Military Nursing Service Reserve when called upon for duty in Military Hospitals in time of war.

## (1) Discipline and Duties.

They will be required to serve under the rules laid down in the Regulations for the Army Medical Service, and in the Standing Orders for Queen Alexandra's Imperial Military Nursing Service.

## (2) Uniform.

They will be required to wear the approved uniform.

## (3) Pay and Gratuities.

They will receive, while actually employed, the following yearly rates of pay:—

	Initial Rate.	Annual Increment.	Maximum.
Matron .....	£75	£10 0	£150
Sister .....	50	5 0	65
Staff Nurse .....	40	2 10	45

On the cessation of their employment they will receive a gratuity at the following rates, provided their services have been satisfactory:

Matron .....	£15 0 0
Sister .....	10 0 0
Staff Nurse .....	7 10 0

If their services have extended beyond one year they will be granted under the same conditions a like gratuity for each further year's service, a portion of a year being calculated at a proportionate rate.

Should their employment be terminated for reason not satisfactory to the Army Council, the claim to gratuity will be forfeited.

#### (4) Allowances.

They will be granted an allowance in lieu of board and washing at the rate of 15s. a week at a home station, or of 21s. a week at a station abroad. This allowance will be reduced to 3s. 6d. a week when free messing is provided. A special allowance for the provision of clothing will also be granted at the following rates:—

Annual clothing and cloak allowance abroad .....	£9	0	0
Annual clothing and cloak allowance at home .....	8	0	0
Outfit allowance when proceeding on active service .....	8	5	0

## Correspondence

### A LETTER ABOUT CHARTING.

To the Editor of "The Canadian Nurse":

Dear Madam,—Since I began taking your magazine a little over a year ago, I have read much that has interested and helped me, especially articles relating to the methods and experiences of other nurses. May I venture to say something about charting, in the hope that it may help some one else?

One of the first things my superintendent impressed upon me when I entered the hospital was the importance of charting and that in order to chart successfully a nurse must be methodical, observant and attentive. She also made her nurses feel that they had chosen the best work and that nothing but their best efforts would answer, either personally or professionally. I graduated about three years ago and have been doing private nursing since, but I find her advice holds good. I think many nurses pay too little attention to charting. I will cite one case in which her teaching stood me in good stead.

Late one afternoon I was called to the home of C. Three doctors were there and I at once put on my uniform and assisted in preparation for operation. Patient operated on and back in bed in two hours after my arrival. I carefully noted and wrote out doctor's orders, charted patient's operation and condition, and, since the operation was an abdominal one, watched the dressings carefully for signs of hemorrhage. I charted every change, however small—pulse, temperature, respiration, nausea, retching, color and quantity of vomitus, color, odor and amount of wound discharge, wound dressings, amount of sleep obtained, nourishment, stimulants and medicines given, condition of appetite, attack of pain and any unusual soreness or restlessness, also condition of bowels and urine.

In order to chart well it is necessary to take pulse, temperature and respiration often and regularly and that nourishment and stimulants be given at regular intervals and unfailingly recorded. In almost all cases I keep a special as well as a four-hour chart.

In the case I speak of, I was able after four weeks to give

an accurate account of my patient's every condition and change from the time I entered the home, and although he was operated on three times he is now well and strong. The only credit I can claim is for accurate charting, which made it possible for the doctors to obtain such a clear history of his condition as helped them to a correct diagnosis in the last and greatest change in his condition.

Doctors do not want our opinions, but they respect us and we are of service to them if we can give them facts.

M. M. L.

Fort Saskatchewan, Alberta.

To the Editor of "The Canadian Nurse":

Dear Madam,—Enclosed please find the sum of one dollar to continue my subscription to "The Canadian Nurse" for 1909. Although I have gone to American soil I cannot neglect the paper from the Land of the Maple.

Yours truly,

H. M. P.

New York.

Dear "Canadian Nurse":

What a happy surprise you have given us, in our old magazine, with its new garb and its many improvements! The January number is certainly the most helpful and most interesting of the copies I have ever received. Enclosed find post office order for my renewal. Wishing you every success,

Yours sincerely,

M. L. M., V.O.N.

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### QUESTION DEPARTMENT

To the Editor of "The Canadian Nurse":

Dear Madam,—What steamship companies employ a nurse on board, and to whom should an application for that position be addressed? Any information on the same will be very thankfully received.

M. G. W.

Minot, North Dakota.

[We have not been able to get any definite information on this point. We would suggest that our correspondent should write to the Canadian Pacific, the Cunard, the White Star, the North German Lloyd, and other leading steamship companies and make the enquiry direct.—Ed.]

## Hospitals and Nurses

Miss Daisy Cornwall has resigned her position as assistant superintendent of the City Hospital, Franklin, Pa., and is enjoying a vacation at the home of her father, Dr. Cornwall, Omemeë, Ontario.

At the annual meeting of the Alumnae Association of the Hamilton City Hospital, the following officers were appointed: President, Miss Ida Van Velzer, 87 S. Victoria Ave.; Vice-President, Miss Ida J. Ainsle, 57 S. Bay St.; Secretary, Miss Ida M. Carr, Hospital for the Insane, Hamilton; Recording Secretary, Miss Eliz. Aitkin, City Hospital; Treasurer, Miss Wilhelmina Adam, 55 S. Victoria Ave.

Miss Barbara Simpson (H. C. H.), who recently resigned her position in Montreal, has gone to take a post-graduate course in the Woman's Hospital in New York.

In Toronto on January 24th, Mrs. F. H. Lamb (Mabel Twiss), died suddenly of cerebral hemorrhage. Mrs. Lamb was a graduate of the Hamilton City Hospital, class '04. Previous to her marriage she did private nursing in Hamilton and the vicinity. Great regret is felt at her sudden death.

The following is the list of stockholders in the Toronto Graduate Nurses' Club: Misses Richards, Bowerman, Mathieson, Brent, Ewing, Johnson; Mrs. Roden; Misses Port, Whitlaw, Boyd; Mrs. Paffard; Misses Scott, Seager, Argue, Hall, Tweedie, Roger, Gray, Hamilton, Christie, Geddes, Goodall, Barwick, Greene, Graves, Burkholder, Kennedy, Jamieson, Muir, Lennox, C. Burnett, S. Burnett, McKenzie, Greer, Barnard, Fothergill, Stewart, C. Wilkinson, Rogers; Mrs. Burns; Mrs. Winchester; Misses Scott, Bowling, Long, L. B. Roy, Robson, Sawyers; the Riverdale Alumnae Association.

Miss A. Scott, formerly superintendent of the General Hospital at Neepawa, Manitoba, has spent the winter in New York, where she took a position temporarily. Miss Scott may return shortly to Canada.

It is with keen sorrow that we have to record the death of one of our members of the Central Registry, Miss Jennie Twomey, a graduate of the Mater Infirmorum, Dublin, who died after a lingering illness in St. Michael's Hospital on Sunday afternoon, Feb. 7th. A beautiful requiem mass was held on Tuesday, Feb. 9th, at the Church of the Holy Family, King Street West, at 9 a.m. The church was filled with friends, among whom were quite a number of our nurses. We all deeply feel the death of one so highly respected and so affectionately regarded.

Among Canadian nurses who are intending to go abroad this year are Miss Mary Smith, superintendent of the Babies' Hospital, New York; Miss Flaws, superintendent of the Butterworth Hospital, Grand Rapids, Mich.; Miss Anna W. Staebler, superintendent of Stratford General Hospital; and Miss Nora

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Tedford, of Montreal General Hospital. All these ladies will probably attend the International Council of Nurses.

The general monthly meeting of the Canadian Nurses' Association was held on Tuesday, Feb. 2nd, in the Medico-Chirurgical Society's rooms, at 8 p.m. The president presided. The attendance was not quite as large as usual, owing to a large number of nurses being on active service, which was rather unfortunate, as they missed a most instructive and interesting lecture on infectious diseases, by Dr. John McCrae. The doctor in opening his remarks, spoke of fevers in general, and showed how poisons were produced circulating in the body and to what an extent the efforts of the nurse are aimed at the elimination of this poison, especially by means of hydrotherapy, massage and the administration of fluids. The speaker also dwelt upon the question of how the strength can best be supported by foods, what constitute proper foods, and what determines the desirableness or otherwise of different foods. He strongly advocated the use of milk and protested against the use of any food likely to over-tax the kidneys in fever cases. In dealing with infectious diseases Dr. McCrae took up the question of isolation, with particulars as to methods, and somewhat more particularly, with regard to the subsequent disinfection of the sick-room and the various articles used therein. He urged upon the nurses to have an ample supply of bichloride 1-1000 or carbolic 1-20 or formalin 1-10, and with a generous use of these disinfectants and a large dose of common sense all fears of infection might be dispelled. In conclusion, he reviewed half a dozen of the more common and important infectious diseases, pointing out wherein lay the danger of each one, which was most interesting to those present and will, I am sure, prove truly beneficial to both patient and nurse in time of need. Two candidates were proposed for membership in the C. N. A. After a social cup of coffee was enjoyed and a little friendly chat, the meeting was drawn to a close.

The report of the annual meeting of the Woman's Hospital Aid Society of Calgary shows how generously and diligently the members have worked to keep the linen, etc., of the hospital up. Amongst other items they bought and made up 630 yards sheeting, 338 yards buttercloth, 100 yards crash, 280 yards towelling, 48 yards table linen, 46 yards ticking, 24 pairs blankets, 3 dozen white quilts, 4 dozen men's gowns, 1 dozen women's gowns, 2 dozen stone hot-water bottles, 2 medicine cabinets, graniteware for operating room, etc. The amount expended in supplies from the W. H. A. S. was \$750.00. The Girls' Auxiliary of the Society have also worked well, and are going to furnish the children's ward in the new hospital. They have already \$150.00 towards it, besides money they have spent on providing books, toys, plants and flowers all through the past year, and this Christmas they provided gifts for each patient throughout the various departments of the hospital, also the Isolation—a good work in which the girls are earnestly interested.

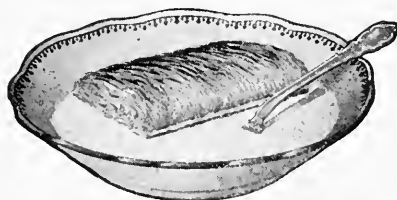
The medical staff of the Calgary General Hospital presented the hospital with a very fine Christmas tree, which was beautifully decorated by Miss Scott and the nurses. Col. Cunliffe, one

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of the directors, acted as Santa Claus, distributing the many gifts. Afterwards Miss Scott held an informal reception in the Nurses' Home for those who had kindly contributed musical selections and recitations, and others of the visitors who helped to make the occasion a success..

Miss Maclean has resigned her position as head nurse of the maternity department of the Calgary General Hospital.

Miss Eva Scott (Grace Hospital, Toronto) has gone to Lethbridge, having accepted a position in the Galt Hospital there.

Dr. F. W. Smith on January 14th gave the Calgary Association of Graduate Nurses a very enjoyable lecture on the "History of Nurses."

The Columbia Private Hospital, Calgary, Miss Harvey (Vancouver G. H.), superintendent, reports every bed occupied.

Interesting accounts have recently appeared in the daily press of the annual meeting of the Toronto Branch of the Victorian Order of Nurses, which was held in the City Hall. His Excellency Earl Grey was in the chair, and among those present were the Lieutenant-Governor, the Mayor and Mrs. Oliver, Sir Mortimer and Lady Clark, Senator Cox, Miss M. A. McKenzie, chief lady superintendent, Mrs. John I. Davidson, Mrs. John Hay, Dr. and Mrs. Grasett, Mrs. Willison, Mr. B. E. Walker, Mrs. Warren, Controller Hocken and others. The receipts were \$5,000, all of which has been expended. Miss Eastwood, the superintendent, presented an admirable report. In 1908 the nurses have made 7,103 visits, taking care of 428 patients, and 226 night calls were made. Twenty-four additional doctors have employed the nurses, making a total on the list of 336 doctors who now engage nurses belonging to the order. "Since our work started in Toronto," continued the report, "we have had 2,590 of these obstetrical cases, and have lost only two. There has been a marked increase in the number of free visits. In 1907 there were 1,065, in 1908 there were 2,218. This has been unavoidable, as we found so many of the breadwinners of the households out of work. Sometimes we have been taken advantage of, but we are quite sure in the large majority of these cases the people were quite unable to make even the smallest contribution, and when such was the case our services were given with customary cheerfulness. The eight chronic diseases have received a great deal of care, to some of them daily visits have been paid for months in succession. One rheumatic case has been on our books for about eight years. In making our rounds among the patients we find the nurses' services are highly appreciated. There is never any need to inquire if the patients are satisfied. Nine nurses who completed their district training in the Toronto Home have received appointments during the year as follows: Miss M. Fyfe, to Stratford, to start a new district, her work has proved most satisfactory; Miss Edith Maxwell, to district work in Fort William, the work there grew so rapidly under her care that in the autumn an assistant had to be sent to help her, and Miss E. Blackmore, another of our nurses, was appointed; Miss A. Clarke, as an assistant at the Toronto Home; Mrs. Towel,



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V.O., to Thessalon Hospital; Miss E. Kenney, to the Toronto Home; Miss M. Sparkhall, to assist in the district work in St. John, N.B.; Miss T. McCutcheon, as assistant to the district superintendent at the Ottawa Home, and Miss N. King, to start a new district in Galt, Ont. This latter appointment was made just before the close of the year, and most gratifying accounts have recently come of what the nurse has been able to accomplish during her first month."

Miss Ella Condoy and Miss Marie Lenahan, who graduated from St. Joseph's Hospital, London, last June, have chosen Rochester as their field of labor.

Miss Ella McDonald, class '05, St. Joseph's Hospital, London, is on a visit to her parents in Wallacetown. Miss McDonald has been nursing in Champagne, Ill., for the past year, where she has met with splendid success.

Miss Louise Flood and Miss Eva Henry, class '06, St. Joseph's Hospital, London, have been successfully employed in Chicago, Ill., for the past year. Miss Henry is at present on a visit to her home in Dorchester, Ont.

Miss May Code, class '06, who was recalled from Brandon, Man., on account of the illness of her mother, intends returning to Brandon shortly. Miss Code enjoys nursing in the West.

Miss Maude Baye, class '07, St. Joseph's Hospital, London, has returned to Brooklyn, N.Y., after a few months' stay at her native town, Orillia, Ont.

A mass meeting of the members of the Central Registry was held on Friday evening, Feb. 12th, at the residence, Sick Children's Hospital. The Registry Committee called the meeting for the purpose of discussing the work of the Registry generally, but more particularly the appointment of an assistant registrar. The nurses felt it would be advisable to raise the fee to better facilitate the work of the Registry. Several opinions were expressed as to the appointment of the assistant registrar, but the final decision was left with the committee. The meeting sent letters of sympathy and condolence to Miss Twomey and Miss Pringle; messages of sympathy and good wishes for speedy restoration to health to Miss Hannant and Miss Husband. Letters of thanks and appreciation were sent to Dr. McMahon and Dr. Goldsmith, both of whom had been unfailing in their kindness and attention to Miss Twomey in her late illness.

On account of illness in her family, Miss M. L. Moag has resigned her position in Guelph General Hospital, and is at her home in Smith's Falls, Ontario.

The residence of Dr. M. C. O'Brien, Dominion City, was the scene of a quiet wedding Wednesday evening, 6th inst., when Miss Margaret Eleanor Wightman became the wife of G. E. Campbell, druggist. The ceremony was performed by the Rev. D. Spear, pastor of the Presbyterian Church, in the presence of only the immediate friends and relatives of the contracting parties. Mrs. Campbell is a graduate of the Galt Hospital Training School for Nurses, class of 1904.

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implies sluggish metabolic interchange.

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constructs new erythrocytes, increases the oxygen-carrying capacity of the vital fluid and thus quickens nutritive exchange and acts as a general restorative and reconstituent.

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Miss Gladys V. Wallace, Galt, and Miss Ethyl L. Dumbrille, Strathroy, are recent graduates of Galt Hospital Training School for Nurses.

Miss Lillian Cameron, Galt Hospital Training School for Nurses, class of 1908, is now in Dr. Kelly's Hospital, Baltimore, Md.

Miss Jean Melles, Galt Hospital Training School for Nurses, class 1906, has removed to Ithaca, N.Y.

The fifth annual meeting of the Grace Hospital Alumnae Association was held in the Nurses' Home, Huron Street, on Tuesday, Jan. 26th, the first vice-president, Mrs. Macquoid, in the chair. The secretary's and treasurer's reports were read and adopted and the following officers were elected for the coming year: Honorary member, Miss Scott (supt.); President, Mrs. Macquoid; First Vice-President, Miss Dixon; Second Vice-President, Miss McKeown; Secretary, Miss Smith; Treasurer, Miss Trome; Board of Directors—Miss Monnery, Miss Sloane, Miss Carnochan, Miss Etta McPherson, Miss Thompson; Social Committee—Miss Stratford, Miss C. Laut, Miss Webster; Sick Committee—Miss Albie, Miss Dixon; Registration Committee—Miss Duke; Convenor of Programme Committee—Miss McMillan; Convenor of Press and Publishing Committee—Miss Bell. It was decided that the monthly meetings will be held on second Tuesdays of each month, instead of second Thursday, as heretofore.

The Alumnae Association of the Northern Pacific Railway Hospital Training School for Nurses, Brainerd, Minnesota, have formed a Beneficial Association with every prospect of doing good and useful work. The superintendent, Miss Whitaker, has taken a great interest in the new organization, to which we wish all success. The officers are: President, Miss Mable Cole, Glendive, Mont.; First Vice-President, Miss Mary Gavin, 150 River St., Menasha, Wis.; Second Vice-President, Miss Emma Clark, Hampshire Arms, Minneapolis, Minn. Secretary and Treasurer, Miss Maude Manning, Daytona Beach, Florida.

Another new hospital is opened in the West, this time in Minnedosa, Manitoba, and we have the greatest pleasure in announcing this, remembering how much good will surely be done within its walls. Hospitals are greatly needed in the western part of Canada. Miss A. A. Hawley, the superintendent, has kindly sent us some account of the opening. More than 500 people inspected the hospital on the opening day and interesting addresses were given by the president, Mr. J. Burgess, and by Miss Hawley. Mr. W. B. Waddell, M.P., formally declared "The Lady Minto Hospital of Minnedosa" open and the Rev. J. S. Watson closed the proceedings with prayer. The building is of brick, standing on the southwestern heights of the town, commanding a beautiful view for miles. It is heated by steam and hot water, comprising all the latest improvements. The interior includes, in the sub-basement, a kitchen, pantry, dining-room, laundry, caretakers' room, furnace, coal and vegetable rooms. On the first floor is the office and waiting room, men's public



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Physicians should recommend the MARVEL SYRINGE in all cases of LEUCORRHOEA, VAGINITIS and all WOMB TROUBLES, as it is warranted to give entire satisfaction.

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ward and bath room, two private and one semi-private wards. On the second floor is found the women's public ward and bath room, one private ward, operating room, with surgeon's dressing room in connection; superintendent's bedroom and reception room. The whole building is well equipped. The Knights of Pythias, the Foresters and the employes of the C. P. R. each furnished a private ward; the Independent Order of Oddfellows furnished the semi-private ward; the Girls' Hospital Aid provided two cots complete and all silver cutlery, whilst the Women's Hospital Aid supplied all linen, except private wards, and the furnishings for dining-room and kitchen.

Mr. Angus W. Hooper, of Montreal, left a legacy of \$25,000 to Montreal General Hospital.

Mr. Hammond, one of the best and noblest citizens of Toronto, who died, as he had lived, a hero, left a large legacy to the National Sanitarium Association.

One of the graduates of Collingwood General and Marine Hospital, Miss Anna G. Morton, who has been on duty in the hospital for the past four years, was married early this year to Mr. J. W. Mather, son of Mr. James A. Mather, of New Lowell. The wedding, which was a very pretty one, took place at Trinity Church, Bradford, Rev. Rural Dean Morley, rector of the parish, officiating, assisted by Rev. J. Farncomb of Stayner. The groom was supported by Dr. S. R. Clemes of Collingwood, and Miss M. Morton was bridesmaid, her little niece, Miss Mary Morton, being flower girl. Mr. and Mrs. Mather will reside in New Lowell.

The Board of the General and Marine Hospital, Collingwood, have engaged Miss A. R. N. Moore to give a course of instruction in massage and hydrotherapy to the pupils of the Training School connected with the hospital. Miss Moore is a graduate of the Collingwood General and Marine Hospital, and holds a diploma from the Pennsylvania Orthopedic Institute in massage, hydro- and electro-therapy, and medical gymnastics.

The Hospital for Incurables, Toronto, have wisely reprinted a bright, clear, kind article by Grant Balfour, in which, briefly but happily, their strong case is put. They have one hundred and forty patients and always about forty more waiting admission. We are very much interested in the article, and earnestly hope they may soon be able to pay the deficit of \$4,000 through the contributions of the public. It is a good work that they do.

St. Elizabeth Visiting Nurses' Association, 30 Huntley St., have now two graduate nurses engaged for maternity and other work in Toronto. Their patron is the Most Rev. F. P. McEvay, Archbishop of Toronto; Honorary President, Lady Falconbridge, 80 Isabella Street; President, Mrs. J. McLean French, 137 Bond Street; First Vice-President, Mrs. William MacKenzie, Avenue Road Hill; Second Vice-President, Mrs. H. T. Kelly, 33 Maple Avenue; Treasurer, Mrs. James Dwyer, 132 Carlton Street; Corresponding Secretary, Mrs. D. A. O'Sullivan, 1155 King West; Recording Secretary, Miss Hynes, 375 Berkeley Street.

# PNEUMONIA

**I**N PNEUMONIA the inspired air should be rich in oxygen and comparatively cool, while the surface of the body, especially the thorax, should be kept warm, lest, becoming chilled, the action of the phagocytes in their battle with the pneumococci be inhibited.

## *Antiphlogistine* (Inflammation's Antidote)

applied to the chest wall, front, sides and back, hot and thick, stimulates the action of the phagocytes and often turns the scale in favor of recovery.

It is an acknowledged fact, as declared by a well known medical teacher and author in his latest text-book on treatment, that "heat applied and persisted in over the entire diseased area is a most potent and physiological antagonist to those essential conditions which are directly induced by the causes of the disease, and from which all ultimate pathologic results must develop. It is profoundly stimulating, and while local heat from undue combustion is present, the applied heat stimulates the capillaries and physiologically unloads the venous capillaries. At the same time it stimulates the arterial capillaries through its influence upon the peripheries of the nerves and secondly upon the nerve centres, to drive the accumulating tide through the engorged vessels, thus unloading them into the veins. It thus carries off the accumulating waste, brings into the capillaries a new tissue supply and quickly remedies the harm that has been done them in the primary congestion.

"It is a most rational procedure. It is logical, it is reasonable, it is physiological and it is highly scientific. And such a course is always acceptable."

### CROUP

Instead of depending on an emetic for quick action in croup, the physician will do well to apply Antiphlogistine hot and thick from ear to ear and down over the inter-clavicular space. The results of such treatment are usually prompt and gratifying.

Antiphlogistine hot and thick is also indicated in Bronchitis and Pleurisy

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**The Denver Chemical Mfg. Co.      New York**

The nurses are Miss Annie Long, Miss Mary Kelly; residence, 30 Huntley St.

Miss Husband (T. G. H.), who has been for some weeks in one of the pavilion private wards at the Toronto General Hospital suffering from gastric ulcer, is now progressing favorably, greatly to the pleasure of all her companions and friends.

Miss Hannant, one of the recent graduates of Toronto General Hospital, was severely burned last month while on special duty in the hospital by an explosion of gasoline. Her many friends will be glad to hear that she is now improving.

Sister M. Philomena has been appointed superintendent of nurses, St. Joseph's Hospital, Chatham. Sister M. Justina, the former superintendent, is taking a rest at Mount St. Joseph, London.

Miss Eugenie Belleperche, graduate of St. Joseph's Hospital, Chatham, has accepted a position on the nursing staff of the St. Mary's Hospital, Rochester, Minn.

Miss Flora Darling, graduate of St. Joseph's, Chatham, has accepted a position in the Sick Children's Hospital, Detroit.

A cablegram on Feb. 14th announcing the death of Miss Jean Inglis, a former pupil nurse of the Neepawa General Hospital Training School, was received with great regret. Owing to ill health Miss Inglis was obliged to give up her work and return to her home in Scotland last October. Miss Inglis was a most capable, conscientious nurse, and had endeared herself to her patients and to the staff of the hospital.

Miss Margaret F. Hogan and a number of other Montreal nurses are thinking of attending the International Council of Nurses in July next.

### MARRIED.

Crane-Green.—At San Jose, Cal., on January 7th, Alfred G. Crane of Kuala, Tumpur, Selangon, Federated Malay States, to Miss Constance H. R. Green, graduate of the R. V. H., Montreal. Miss Green has been in charge of the General Hospital at Golden, B.C., since her graduation in 1907, and the best wishes of her many friends will go with her to her new distant home.

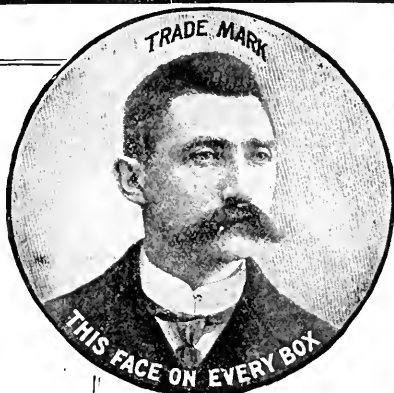
Henderson-Knox.—In Vancouver, B.C., on January 14th, 1909, Miss Ellen I. Knox to Dr. G. B. Henderson, of Creston, B.C. Mrs. Henderson graduated from Grace Hospital in 1902.

Redmond-Storey.—In Chicago, Dr. Thos. Redmond of St. Joseph, Mo., to Nessie M. Storey, graduate of Riverdale Hospital, Toronto, class '01. Dr. and Mrs. Redmond will be at home at 807 Francis St., St. Joseph, Mo., after March 1st.

### BIRTHS.

At Mount Albert, Jan. 26th, 1909, to Mr. and Mrs. J. A. Hopkins, a son. Mrs. Hopkins (nee Miss Foster) is a graduate of the T. G. H.





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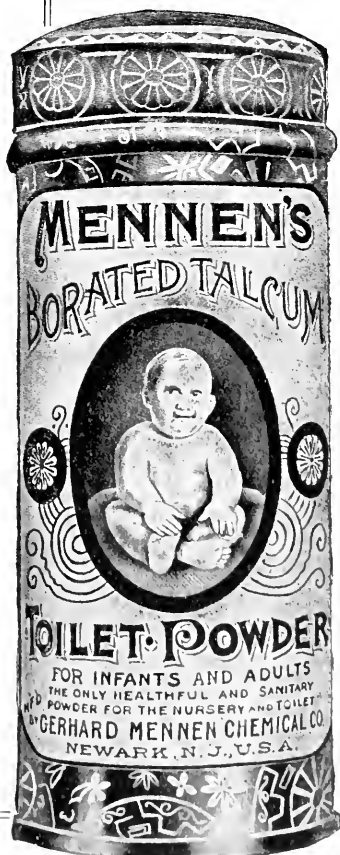
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## The Nurse's Library

The February issue of "The Quarterly," published by the Illinois State Association of Graduate Nurses, is a "Tuberculosis Number," and contains no less than ten articles on this important question. It is an excellent number.

"Mental Deficiency," A. F. Tredgold, L.R.C.P. and M.R.C.S. (London: Bailliere, Tindall & Cox; 10s. 6d.) Dr. Tredgold is a recognized authority of eminence on this subject. Besides a long and varied practical experience, he was medical expert to the Royal Commission on the Feeble-minded. His work, as was to be expected, is a learned, scientific, and comprehensive treatise on the subject so far as was possible within the limits of the volume. To all who have any interest in or duty to the feeble-minded, this book is of rare assistance and great importance. It is probably the best book in the language on this subject.

"Neurasthenia," by Prof. Gilbert Ballet of Paris. Translated from the third French edition by P. Campbell Smith, M.D. (London: Henry Kimpton, Furnival Street; 6s.) Books on neurasthenia are now a necessity to the nurse as well as the physician and this is an excellent treatise on the subject. It deals with the cause, symptoms, clinical forms, prophylaxis and treatment of the disease, and is interesting and suggestive from first to last. No book can take the place of experience, but this work will be found of great assistance and it is a good one for a nurse's library.

"The Johns Hopkins Nurses' Alumnae Magazine" is one of the very best of our exchanges. Besides, it and "The American Journal of Nursing" are the only ones that ever have found fault with us, and we appreciate that. It is our best chance of improvement to be severely handled by our contemporaries. In the last number the magazine is fortunate in having an article from the pen of Dr. Florence Sabin, the accomplished Assistant Professor of Anatomy in the Johns Hopkins University, and a most excellent account of the nurses' session at the International Congress on Tuberculosis.

We have just received a copy of "The Nurses' Cook Book," as published by the Toronto Graduate Nurses' Club and compiled by Miss Lucy Bowerman. We gave it to our own cook and within twenty-four hours she pronounced it "a lovely cook book," and would not use any other. The cook was right. It is a most excellent cook book and ought to sell in thousands for the benefit of the Nurses' Club-House. Address all orders to 644 Spadina Avenue, Toronto.

"The Delineator" for March has such a varied, attractive and appropriate table of contents that really one feels one cannot do without the magazine. We all need some clothes this month. Here are many suggestions, and which of us would not like to read any one of the six leading articles, each one more interesting than the last?

# Scott's Emulsion

is a strengthening food and tonic, remarkable in its flesh-forming properties. It contains Cod Liver Oil emulsified or partly digested, combined with the well-known and highly prized Hypophosphites of Lime and Soda, so that their potency is materially increased.

## WHAT WILL IT DO?

It will arrest loss of flesh and restore to a normal condition the infant, the child and the adult. It will enrich the blood of the anemic; will stop the cough, heal the irritation of the throat and lungs. It is the greatest help in consumption. We make this statement because the experience of thirty-five years has proven it in tens of thousands of cases.

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Winter Class opens March 18th, '09. Spring Class opens May 19th, '09

Over 9,000 MECHANICAL TREATMENTS GIVEN IN 1908. No Better Clinical Experience Possible

All courses may be commenced at the same time and finished within three months. The instruction consists of daily clinical work and practical lessons on patients referred to our clinics from the various Hospital Dispensaries. Original Swedish (Ling) System and Weir Mitchell's Rest Cure system. All pupils attend clinics at several city hospitals. Separate male and female classes. Payments can be made to suit your convenience. Particulars and illustrated booklet on Massage upon request. An early application for admission is advisable.

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# Publisher's Department

## LONG HOURS IN NURSING

Nurses frequently complain after some years of practical nursing that the long hours of almost constant day and night duty become too strenuous for them and desire to specialize in their profession, whereby they become free from night work. Financially the most profitable specialty in which a nurse may engage is undoubtedly massage and its related forms of mechanical treatments. The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy (Inc.) 1711 Green Street, Philadelphia, offers most scientific courses in the Swedish system of massage, medical and corrective gymnastics, electro- and hydrotherapy at a reasonable price. Large clinical material, a staff of twelve instructors, the most complete equipment required for instruction and treatments are opportunities not found in many other schools. Classes open March 18 and May 19, 1909. If you desire to take such a course write for full particulars by addressing Max J. Walter, superintendent.

## FUNCTIONAL NEUROTIC DISORDERS.

Neurasthenia, nervous "break-down," nervous prostration, "brain-fag" and allied states are usually but neurotic manifestations of some constitutional metabolic fault, which must be sought out and remedied if intelligent therapy is to be applied. Among the various pathologic conditions which oppose the relief of neural disorders, anemia, whether primary or secondary, is always worthy of therapeutic attention. Unless the blood supply is relatively normal in both quantity and integrity, its oxygen-carrying capacity is "below par" and, consequently, metabolic exchange and interchange is embarrassed and the necessary improvement in bodily nutrition is difficult of accomplishment. Pepto-Mangan (Gude) stimulates and encourages oxygenation and nutrition, by furnishing the more or less impoverished blood with an immediately appropriate form of its vital metallic elements, iron and manganese. The vital stimulus thus imparted is often the one thing needful to initiate the substantial systemic "building up" process which must precede the desired recovery from neurotic disorders.

The new School of Medical Gymnastics and Massage opened Dec. 1st, 1908, by Dr. Gudrun Holm at 723 Lexington Ave., New York City, has met with a very gratifying success. The first course will end Feb. 1st and a new one begin at that date. Ever since she came to America, Dr. Holm has fostered the idea of opening a place where poor people could receive absolutely free or for a very small fee, good scientific massage treatment. Her wish seems fulfilled now.

**Tonsillitis**  
**AND**  
**POND'S EXTRACT**

In ordinary follicular tonsillitis, Pond's Extract is a very efficient remedy when used as a gargle every hour. It should be used in solution — a tablespoonful to one-half a glass of hot water.

**CAUTION:** *The toxic perils of adulterated substitutes may be entirely avoided by prescribing POND'S EXTRACT exclusively.*  
**POND'S EXTRACT CO., New York and London.**

hans. This extract is produced in a dry form, and made up into a tablet in combination with small doses of bromide of gold and bromide of arsenic. Examination of some of the tablets showed them to possess both proteolytic and amylolytic activity. Various cases have been recorded in which beneficial results have followed their administration.

### **Carbonic Acid Baths.**

The Hygienic Company, Limited (26, Southwark Bridge Road, London, S.E.), have placed on the market in a convenient form, means of producing carbonic acid baths at home. The acid employed for liberation of the gas is formic acid, which is added to the bath first; the sodium bicarbonate is contained in closed bags, through the pores of which the gas is liberated. The result is gradual and prolonged formation of small bubbles, saturating the water. Trials made with samples submitted to us showed this to be a very satisfactory means of producing such baths.

### **Eunatrol.**

The solvent action which sodium oleate exercises on the material of gall stones has led to its being administered to patients suffering for cholelithiasis, in order that its solvent power may affect the gall stone in situ; the cholagogue action which it also possesses is considered to be favorable. Under the name of "Eunatrol" Messrs. Zimmer and Co. (Frankfort), are issuing a form of sodium oleate suitable for administration. Eunatrol is in coated pills, containing  $1\frac{1}{2}$  grains; examination of a sample showed that the coating is very quickly disintegrated, while the inner portion of the pill is soft and readily soluble; the latter consisted of sodium oleate with excess of oleic acid.

### **Adrenaline and Chloretone Ointment.**

Messrs. Park, Davis and Co., (Beak Street, Regent Street, London, W.), have submitted a sample of adrenaline and chloretone ointment, which they supply in collapsible tubes, with elongated nozzle for direct application of the ointment to the nose and other parts. It contains 1 part of adrenaline and 50 of chloretone in 1,000 parts. Examination showed it to be a white, soft jelly, in which the active constituents were readily detected by appropriate tests. This ointment provides a convenient means of applying adrenaline locally in a variety of cases.

### **Antithermoline Plastic Dressing.**

It has of late been proposed to displace the old-fashioned poultice by plastic applications having a mixture of kaolin and glycerine as basis; such a mass can be kept ready for application, retains its heat for a long time, and permits of the incorporation with it of antiseptics. An excellent example of such a plastic dressing is supplied by Messrs. S. W. Carnrick and Co., New York (London agents, Muller, Maclean and Co., Cecil House, Holborn Viaduct), under the name of "Antithermoline." It is stated that the silicates used in its manufacture yield a product of greater therapeutic value than others, and it is suggested that this may be due to the presence of radium; the silicate basis is mixed with boric acid, glycerine, thymol, menthol, and oil.

of eucalyptus. It is a smooth paste, supplied in screw-capped jars, which only require to be placed in hot water when it is desired to apply the material in the hot state.

#### **Novaspirin.**

The administration of salicylic acid in some form of combination from which it shall not be liberated until the intestine is reached is now a matter of daily practice. We have recently examined a sample of a new compound of this kind to which the name of "Novaspirin" has been given by the Bayer Company (19, St. Dunstan's Hill, London, E.C.), who introduce it. The constitutional name of novaspirin is methylene-citryl-salicylic acid, and it thus differs from aspirin in containing a residue of methylene-citric acid in place of the residue of acetic acid in the latter. It is a white powder, insoluble in water, and nearly tasteless; it is readily decomposed by alkali even in the cold, with production of the salicylate of the alkali. It is claimed that it is more readily tolerated and produces less profuse diaphoresis than other salicylic preparations.

#### **Validol.**

The number of remedies for sea-sickness is very large, but so limited is their success that any new preparation likely to relieve this complaint is sure to receive a trial. Messrs. Zimmer and Co., (Frankfort), have placed on the market under the name "Validol," a preparation which is stated to have given excellent results in the treatment of sea-sickness. Validol consists of methyl valerianate with an additional 30 per cent. of menthol in the free state; it is a colorless liquid, soluble in alcohol, but not in water, with the strong odor and taste of menthol and an under-flavor of valerianic acid. It is not disagreeable, and may be administered on sugar or in wine; the carminative powers of menthol and the value of the valerianates in some nervous affections furnish a priori grounds for expecting good results, and it is asserted that such expectations have been fully realized in practice.

#### **Petroleum Emulsion With Hypophosphites.**

We have examined a sample of emulsion of petroleum with hypophosphites of lime and soda, submitted by Messrs. Parke, Davis and Co., (Beak Street, Regent Street, London, W.). It is a pure white and stable emulsion of agreeable taste; examination showed that it is prepared with the purified colorless liquid petroleum, of which we found 32 per cent. by measure to be present, with saccharin as sweetening agent.

#### **Euquinine.**

The large amount of chemical research work that has gone on for years on the subject of quinine, while it has not yet resulted in the artificial synthesis of that substance, has enriched medicine with some quinine derivatives, of which by far the most important is euquinine. We have received a sample of this substance from the makers, Messrs. Zimmer and Co. (Frankfort), and submitted it to examination. Chemically, euquinine is quinine ethyl carbonate; it is a white crystalline substance, much like sulphate of quinine in appearance and in its insolubility in water and solubility in dilute acid; it also shows

many of the chemical reactions of quinine. It differs from the latter, however, in the important property that it is almost completely devoid of bitterness, whereas its medicinal properties are practically identical with those of the parent substance. Euquinine has already found much favor in this country, as elsewhere, and it may be expected that it will be prescribed to an increasing extent as its advantages become more widely known.

### Synthetic Camphor.

The advances of the science of organic chemistry are continually leading to the production by artificial means of substances previously derived only from the animal or vegetable kingdom. Among the important substances the manufacture of which by synthetic processes has thus recently become an accomplished fact, one of the most interesting is camphor. Messrs. A. and M. Zimmerman (3, Lloyd's Avenue, London, E.C.), have submitted a sample of Schering's synthetic camphor, which they are now supplying at a price which compares favorably with that of the natural article.

### Dymal.

Messrs. Zimmer and Co. (Frankfort), have submitted a sample of an antiseptic powder to which they have given the name of "Dymal." The powder consists of salicylate of didymium, the latter constituent being a by-product of incandescent gas mantles. Dymal is a white, light, odorless, neutral powder, scarcely soluble in water, though sufficiently so to show the reaction of salicylate; it is easily decomposed by acids; on analysis it yielded 72.3 per cent. of salicylic acid. It is recommended for use as an antiseptic dusting powder in the treatment of wounds and of eczema, etc., and also in the form of an ointment with lanoline base.

### Tabloid Phenol and Menthol Compound.

Among the liquid preparations which Messrs. Burroughs Wellcome and C. (Snow Hill, London, E.C.), are now supplying the form of "tabloid" capsules, is a combination of phenol, of which samples have been submitted to us. Each capsule contains phenol  $\frac{1}{4}$  grain, menthol  $\frac{1}{2}$  grain, and oil of cajuput 1 minim. These strong-tasting medicines may be administered tastelessly in this form, practically undiluted. The combination may prove of use in fermentative dyspepsia.

### Olive Oil Emulsion.

An emulsion of olive oil with eggs, preserved by the addition of brandy, has been put forward by Messrs. Parke, Davis, and Co. (Beak St., Regent St., London, W.) for employment as a food in wasting diseases. We have examined a sample of this preparation, to which the name "Egmol" has been given. It is a yellowish, thick, stable emulsion, with an agreeable, warm, slightly alcoholic flavor. Analysis showed it to contain 38 per cent., by measure of oil and 7.6 per cent. by measure of alcohol, corresponding to 16 to 17 per cent. of brandy. The total nitrogen present was 0.38 per cent., corresponding to about 16 per cent. of egg substance.

## THE THREE-YEARS' COURSE.

Has any superintendent of a hospital kept house? On this lies a great measure of the merits of the two or the three years' course. Not on the fact, "Does the hospital training require a two or three years' course?" This may be a new way to view the situation, but an intensely practical one. For the largest number of nurses take to private nursing once their training is over, therefore the aim of the hospital school is to provide the public with reliable women, who can be held responsible for the sick as well as the administration of a home. That should be the aim of all hospital training schools. Superintendents rely on the theory that if a nurse can run a hospital she can run a private house. An exploded theory—for it is far more difficult to order in small quantities and yet not be miserly than it is to provide for ten people. Therefore make the nurse a good provider in the small lines, and it is an easy matter to enlarge. For instance: One nurse who could and did run a hospital of 100 beds, was absolutely non-plussed when it came to providing for a family of three. What hospital ever teaches a nurse the best cuts of beef for nutritious purposes or what beef should be like before using? Nor does it ever teach her what foodstuffs to combine in a dinner for, say, a convalescent typhoid, or a perfectly well person who is, however, subject to acute bronchial attacks.

Hospitals look towards themselves, and selfishly so. It is, How much work can I get out of this nurse for the least amount of expenditure! not, How best can we fit this nurse to become a public benefit, a capable wife and the mother of our future citizens? Were this aspect taken we would hear no complaints of the extravagance and wretched management of a trained nurse in the home, when she is at the same time laying the foundation for renowned citizens for generations, for after all a woman's highest duty is a national one. Therefore training in a hospital ought not to wear out a woman's body, but build it up.

The months might be planned as follows:

Three months probation—Being taught by assistant superintendent all the various ward duties, besides the simple anatomy necessary to put a poultice on the right spot, and hygiene.

Three months (junior  $1\frac{1}{2}$  months, senior  $1\frac{1}{2}$  months)—Medical wards.

Three months (junior  $1\frac{1}{2}$  months, senior  $1\frac{1}{2}$  months)—Surgical wards.

Three months (junior  $1\frac{1}{2}$  months, senior  $1\frac{1}{2}$  months)—Gynaecological wards.

One month (household economics and junior diet kitchen work)—This to include the practical work besides lectures on sanitation, plumbing, ventilation, administration of small households, such as ordering of groceries, meats, etc., and servant problem. These lectures and this practical work should be given by some well-known private nurse, who has made a success of her profession in homes.

One month—Diet kitchen, cooking for private wards and convalescents.

One month—Private wards.

Two months—Maternity, one as junior, one as senior.



Two months—Operating room, in all departments, emergencies and otherwise.

Three months—In isolation department or an isolation hospital (most necessary for private work).

Two months—In special departments, as eye and ear and outdoor departments.

Making a total of 24 months, which is ample for all private nursing.

Note.—There is no provision in time as head nurse. This post should never be filled by undergraduates, but ought to be a post for graduates. The patients would be better cared for and the undergraduates better trained if a graduate were sufficiently paid to retain the position. Say one head nurse of all medical wards and one of all surgical, whose time would be entirely taken up with the responsibilities of the work and training, and not with the manual labor of it.

A. M. HAMILTON.

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### THE PROBLEM OF THE THIRD YEAR.

The letters in a recent number of "The Canadian Nurse" on the problem of the third year in the training school, have been read with much interest and I wish that many more Canadian superintendents and nurses might give some special study to this question and present their views. Valuable as we all believe the preparatory course to be, there is this to be said about it: When we crowd so much teaching into the first year or first six months, we are very likely to be confronted in the third year with the problem of dissatisfied pupils, who, because they have had so much thrust upon them in the early training days, are very apt to feel that their last year is not specially valuable. Nurses complain that there is nothing left for them in the third year that is new. They get some lectures on diseases which do not differ greatly from those of the second year and which they feel do not add to their efficiency. They go over ground in the wards which they perhaps went over in the first six months. Therefore progress toward better methods in the beginning of the course demands a corresponding improvement in the methods of training at the end.

On the one hand we have critics bewailing because lectures are less frequent in the third year. On the other hand we have nurses complaining of the quality and frequency of the lectures. And there is no denying the fact that after being lectured and lectured to the point of weariness and dissatisfaction nurses have gone out to meet the difficulties of institutional work, and of private nursing, without one lecture dealing with the special problems they would be sure to meet. How can the third year be made to count most in the development of the nurse, is one of the great questions of the hour.

In a letter from a superintendent of long experience, which lies before me, this sentiment occurs and I pass it on, because I feel the point she raises is worthy of much thought:

"I think if any scheme could by any possibility be devised by which our

nurses could be taught the advantage to themselves of helping themselves to the knowledge which is lying all around them waiting to be picked up, we should all profit by it; instead of the attitude which too often prevails of expecting somebody to stuff them with knowledge in the same way as they fatten a chicken in Paris, by chopping the food up and putting it down their throats."

I am fully convinced that if more thought and study in the third year were devoted to the problem of how to quicken the nurse's observing powers, deepen her interest in the special study of individual cases, formulate her ideas into concise form, and to helping her to form habits of independent study and research, we should confer a greater benefit on her than by following the old stereotyped plan of lecturing at her, or "stuffing her with knowledge" as the writer quoted suggested.

There is no denying the fact that the special knowledge the nurse superintendent needs differs widely from the special knowledge the private nurse needs. If a nurse has not learned the action of the common medicines and how to administer them properly in two years, she will never learn it. That knowledge may suffice for the private nurse, but the institutional nurse in a small hospital must needs learn a good deal about medicines beyond that point. She is forced by stern necessity to do a good deal of work that in larger hospitals is done by the institutional pharmacist. A good course of lessons in elementary pharmacy with some instruction in chemistry and the buying of drugs mixed in, would have helped many of us to better deal with the perplexing problem of drugs in the hospital which we found no means of evading.

Whether or not the pupil nurses from institutions should be allowed to gain experience in nursing in private homes before graduation is a problem which the necessities of the case will settle in different hospitals, and one on which no satisfactory ruling has yet been made for the hospital and nursing world in general. But there is no denying the fact that nurses need some plain, practical instruction regarding the business of private nursing. A dozen lectures is none too many to devote to this subject. In that course I would include instruction about the outfit a nurse needs for starting; how to work up a practice in a new place or locally; the principles that should govern the nurse who goes to a hospital for special duty; the management of the daily routine in a private home; care of room, preparation of meals; time off duty, etc. A whole lecture might profitably be devoted to the obstetric nurse—not obstetric technique but obstetric tact, how to get along with the baby's grandmother, with adoring aunts and cousins and inquiring friends, with the baby's father and the baby—how to conduct herself while in the bosom of that family so that they will want her again when the next baby arrives and will recommend her to their friends.

The nurse's relation to the men of the house is a question that should not be ignored. If the lady of the house is sick she may not relish the idea of the nurse having long conversations with her husband. If the man of the house is sick his wife wants a nurse who is never free in manner. This is no fanciful story. Many a nurse has been unceremoniously dropped from a

case because of some offence she had unconsciously and innocently committed. All women are not jealous—many are, and pupil nurses ought to be told of these possibilities before they are launched as independent workers.

The question of rules of conduct when called to nurse in hotels, of uniforms in such places, is important. Many hotelkeepers do not relish the sight of a nurse in uniform in the halls and dining-room, and I know of nurses who have had to come back for a working dress that was not a uniform, and religiously conceal the fact that they were nurses from the world in general, which is all, more or less, given to curiosity.

The making of engagements, the business side of nursing, the ethics of responses to calls—all these and a hundred other phases of this subject ought to be dealt with before a nurse graduates. It is far more important that she get such practical instruction than long, dry lectures on diseases which she will rarely or never have to deal with. The plan of teaching this branch by a round table discussion, giving each member of a class a question to consider a week beforehand, seems to me far better than the lecture method.

Half a dozen lectures on the duties and responsibilities of head nurses ought to come in somewhere in the third year. A little experience in this line is good, but a few principles that will help the nurse to "find herself" when she goes to another hospital are as surely needed as the experience in routine duties.

There are two or three books which, if I were again in hospital work, I should require my third year nurses to read and study in private, and their final examinations would be chiefly on the contents of those books. One is "A Nurse's Handbook of Medicine," by Dr. Norman Henry, and another is "The Surgical Assistant," By Dr. Walter Brickner. The private study of these books would help to clinch the studies of the previous year and would, I feel sure, do more in the way of the intellectual development of the nurse than weekly lectures covering the same ground.

Then I would have every nurse make a careful study of Knopf's Prize Essay on Tuberculosis and prepare a paper on that subject. She will get more real benefit out of her study and efforts to discuss that subject intelligently, than out of half a dozen lectures.

These are some of the methods which I think should be helpful in making the third year count more in the development of the nurse. The suggestions made by Miss Stewart regarding instruction in the social aspects of nursing, her relation to the great world of philanthropy, her responsibility to society in general, all need to be presented. The world the nurse lives in is no larger than her interests. If her interests are limited to the routine work of the sick-room, she can never be expected to accomplish her best for the betterment of humanity in general.

CHARLOTTE A. AIKENS.

### THE REFRIGERATOR.

A great deal has been said lately about the wily typhoid germs and other microbes lurking in the milk and drinking water. But how few people think that possibly their own refrigerators may be the cause of much of the trouble?—the refrigerators so badly kept—so unclean that they are veritable culture beds for germs.

Not many weeks ago I was nursing in the family of a lady of high social standing, whose sons were attending a collegiate school where the ordinary city water, filtered, was served at the table. This lady insisted that the school authorities supply "Laurentian" drinking water to the boys.

This, of course, was a wise precaution, but a short time after this I had occasion to go to the well-appointed, but badly-kept refrigerator. There was odor, disorder, filth. There were four uncovered vessels containing milk—to say nothing of the cream, butter, meats, etc.—and yet the cook was apparently an intelligent woman.

In another, and less pretentious house, was a refrigerator of smaller dimensions where no servants were kept and everything was apparently spotlessly clean—save the refrigerator, which for some unaccountable reason, was leaking. I was appealed to for my opinion as to the cause of the leakage (trained nurses are supposed to be household engineers). Investigation then brought to light a mass of foul smelling dirt and slime in the bottom of this ice box, which choked the drainage pipe, with the result that the water being directed from the proper channel, poured into the storage box below, thence to the floor.

I removed my cuffs, rolled up my sleeves, donned a kitchen apron, and proceeded to give the young housewife a lesson in thorough cleaning, accompanied by a dissertation on the necessity of absolute cleanliness if we would avoid the spread of disease.

It will doubtless surprise many of my sister nurses to learn that this young housekeeper did not know that her refrigerator should be thoroughly cleaned at least once a week, neither did she know that its internal mechanism could be taken apart. Judging from the numerous appeals subsequently made to me for assistance on various subjects, she evidently considered she had engaged a sort of walking encyclopedia as a nurse.

Montreal.

ELEANOR SAIT

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### SCHOOL NURSING IN PUEBLO.

Two of our best known Canadian nurses are now at work in Pueblo, Colorado, Miss Gordon, who is superintendent of the Pueblo General Hospital and Miss L. L. Rogers, formerly superintendent of school nurses in New York City. Miss Gordon will be remembered as one of the leading graduates of Toronto General Hospital, afterwards superintendent of the Emergency Hospital, Toronto, and of Kingston General Hospital, and president of the Ontario Graduate Nurses' Association. Miss Rogers has been appointed chief school nurse under the Board of Education in Pueblo, and we feel sure she and Miss

Gordon will do a great deal of good work in Pueblo. The only regret we have is that they are not in Canada. We congratulate Pueblo, but in the meantime the nursing profession in Canada hope for the return of both these Canadian nurses. Miss Rogers writes:—

"I love the country here—the beautiful mountains—can see Pike's Peak from my window, and it is beautiful. The air is lovely, and it is like our spring nearly all winter. The people are so cordial and generous and make every effort to have people feel at home. So much for preliminaries.

"I began my work on Jan. 5th. There are 12 schools in our district. (The city is divided in two by the Arkansas River, and the north side and south side are entirely separate as far as school systems go. Each side is called a district, and we are District 20.) The attendance in these twelve schools is 3,683 pupils. The attendance in each is varied, one school has 453 and another has 67.

"I made an inspection of all the schools the first week and examined the throat, skin, eyes and hair. The second time I inspected the eyes for defective vision, and found out of 750 pupils, 641 had imperfect sight. I indexed all the cases of enlarged tonsils, granulated lids and defective vision subject to the approval of the school physician, who is to be appointed at once. We are going to get an instrument to test the hearing, and I expect, when it comes, some amazing statistics will be had.

"I am constantly entertained by the sayings of the children. One girl told me she had "nervous prosperation," and that was why her eyes were so weak. Another said her "eyes were bad because the scarlet fever settled once in my eyes and now it had settled twice." She was badly off, poor thing.

"There are no skin diseases here and no unclean heads, so that the work is really physical defects. Postal cards are sent out to the parents, who are urged to take their children to their own physicians. These have the return postal which the doctor is asked to fill in and return

"This is my report for the month of January, 1909:—Number of children examined, 3,469; number with enlarged tonsils, 527; number with defective vision, 641 (only 750 examined); number with granulated lids, 125; number sent to dispensary, 40; number visits to homes, 91."

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## HISTORY OF THE CANADIAN NURSE.

It is really in the first instance to an impulse from the Great Canadian West that we owe the founding of our National Nurses' Magazine.

Miss Lennox, the president of the Alumnae Association of Toronto General Hospital, in 1904-5, had resided for some time in Alberta, and had an opportunity to realize the need of such a magazine, not only in the cities, but on the prairies.

In this connection it should be remembered that the Association of Graduate Nurses of Calgary, Alberta, wrote to the Toronto Medical Society about the founding of a Nurses' Journal almost at the same time.

In the presidential address of Miss Lennox, delivered in November, 1904, the following passage occurs:

"And now, ladies, the work I most desire to accomplish this year is the institution of an Alumnae Journal. I am sure we can do it and I believe it will be invaluable toward the carrying out of the objects of our Association, as called for in the constitution, namely, 'the promotion of unity and good feeling among the Alumnae and the advancement of the interests of the profession of nursing.' It seems to me the way to reach the greatest number of our graduates and to get in touch with the work done by our nurses in so many parts of the world. As for the nurses who are far away, and many of them are lonely and hungry for news of their Alma Mater and sister graduates, it would mean more than we can imagine, unless we have experienced the loneliness of being strangers in a strange land. The commercial side is not the least important. I see our treasury gaining in funds. I think there would be few of our nurses who would not support the scheme. To us it would mean much labor and anxiety, but why should we shirk responsibility? Other Alumnae Associations succeed in managing Alumnae Journals, Registries, Clubs, and various other business enterprises. This is the oldest and largest Alumnae in Canada. Is it not time we would undertake something really serious? Many members have expressed their willingness to work—how many will prove their willingness by making this a year of personal endeavor, a year of honest, hard work, in which we may get at the root of these things, which are of so much importance, that each one may understand what our needs really are and be able to discuss ways and means of attaining something better?

"I should like to see this Association divided into committees on the different branches of work, that every member should have her special duties to perform and the whole hour of our meetings spent in reports of work accomplished toward the promotion of unity and good feeling among the Alumnae and the advancement of the interests of the profession of nursing."

At the regular monthly meeting of the Alumnae Association of the Training School of the Toronto General Hospital for December 13th, 1904, Miss Hodgson gave a paper on the advisability of publishing a periodical, mentioning various papers, among others, that of the Queen's Jubilee Nurses, edited by Lady Hermione Blackwood, Lord Dufferin's daughter, and that of the Johns Hopkins graduates. The latter is published four times a year, and is a great factor in the maintenance of stronger fellowship and good feeling. Reports of the Alumnae Associations are published in it and all items of interest concerning the nurses. The revenue is largely from the advertising columns. The regular subscription is fifty cents a year. For members, the subscription and fee are combined. This paper was appreciatively received.

Moved by Miss M. Christie, seconded by Miss Tweedie and carried, that a committee be appointed to obtain all possible information regarding the publication of a paper, cost, etc., and report at the next monthly meeting. This committee was appointed as follows:—Miss Hodgson (Convener), Miss Mitchell and Miss Duncan. Others were added to the committee, including

the President, Miss Lennox, Miss Beam, Miss Hargrave, and Miss Christie, who from the first acted as business manager. A number of subscriptions were secured and a good deal of advertising patronage.

The next difficulty was to find an editor, and Dr. Helen MacMurchy, who had already assisted members of the committee with advice about various matters connected with the editing and publishing of a magazine, was asked to attend a meeting of the committee at the residence of the convener, about the middle of January, 1905.

At this meeting Dr. MacMurchy was offered the position of editor, but declined, giving as her reason that she thought it would be better to have a nurse as editor, and promising to assist in every way, especially for the first number.

On February 1st, 1905, some members of the committee called on Dr. MacMurchy, and informed her that she had been formally appointed editor at a subsequent meeting of the Publication Committee, and that it was felt if she declined, the project of publishing a magazine must be indefinitely postponed.

Under these circumstances, Dr. MacMurchy consented to take the editorship for one year, on the understanding that the committee would endeavor to find a nurse as editor before the end of that year.

Already the magazine was assuming a national character, as will be seen from the following staff:

Committee on Publication.—Miss Mitchell, Miss Lennox, Miss Hargrave, Miss Christie, Miss Beam, Miss Hodgson.

Collaborators.—Miss Chillman, Supt. General Hospital, Stratford; Miss Sheppard, Supt. General Hospital, Guelph; Miss Scott, Supt. Ross Memorial Hospital, Lindsay; Miss Gordon, Supt. General Hospital, Kingston; Miss J. Christie, Supt. Lakeside Hospital, Cleveland, Ohio; Miss C. M. Hall, Supt. W. C. A. Hospital, Jamestown, New York; Miss F. Sharpe, Supt. General Hospital Woodstock; Miss Gregory, Supt. St. Luke's Hospital, St. Louis, Mo.; Miss Mollie Stuart, Supt. Marion Sims Sanitarium, Chicago; Miss Crawford, Winnipeg; Miss J. Neilson, New York; Miss Newman, Victoria; Miss L. Sutherland, Lakeside Hospital, Cleveland; Mrs. Paffard, Toronto.

Business Manager.—Miss Christie.

Associate Editors.—Miss Robinson, Supt. General Hospital, Galt; Miss Hodgson, Toronto.

Editor.—Dr. Helen MacMurchy.

Other names added afterward were Miss De Vellin, Miss Donnelly, Miss Matheson, Mrs. Yorke, and Miss Butchart.

The magazine rapidly enlarged, Montreal, Winnipeg and other cities lent their aid, and before the end of the year "The Canadian Nurse" was the official organ of eight different Nurses' Associations.

The first year closed in December, 1905, with a well-established magazine, entirely free of debt, and with a balance of \$50 to its credit. It should also be stated that both the editor and the business manager were paid a modest sum for the time and work so generously given.

This account would be incomplete without special mention of the great

services rendered by Miss Hargrave, who proved herself from the beginning an ideal editor of one of the most important departments of the magazine, and endeared herself to the committee and to the subscribers by her unfailing loyalty, interest and enthusiasm. The same may be said of Miss Mitchell, the convener, Miss Hodgson, the assistant editor, and also of Miss Christie, the business manager, whose work in this department was admirable.

"The Canadian Nurse" was, of course, greatly interested in Bill No. 106, for Registration of Nurses in Ontario, and the members of the staff took a great share in that active and not altogether unsuccessful campaign.

In September, 1906, the affairs of the magazine reached a crisis. The efforts made to secure a nurse as editor had been unsuccessful, the illness of Miss Christie and her consequent long absence from the city rendered it impossible for her to attend to the duties of business manager, and other arrangements had to be made.

Miss Mitchell, to whom "The Canadian Nurse" owes so much, devoted part of her off-duty time to the securing of advertisements and other business. Miss Mitchell was then in charge of the Tuberculosis Clinic at Toronto General Hospital. Circumstances which need not here be explained, arose unexpectedly, and rather than desert the magazine, Miss Mitchell was compelled to give up her appointment and return to private nursing, a field of work where she is well known as one of the best nurses in Canada.

The serious nature of the crisis may best be appreciated by considering that subscriptions had come in from all over Canada, that subscribers had practically demanded a monthly magazine, that little advertising patronage could be got for a quarterly, and that the committee were all very busy women, constantly engaged in private nursing, with one or two in hospital positions, and were consequently unable to give the time necessary to carry on a monthly magazine. However, each one did what she could, and the work of the editor, convener, and the members of the staff was rewarded. "The Canadian Nurse" had an assured position and a mailing list of over 1,300, stretching from the Atlantic to the Pacific, and indeed around the world. Its expenses are very heavy. It costs thousands of dollars to bring out 1,500 copies monthly, or 18,000 annually. But we have never borrowed, even for a day, all the debts are paid except that the editor's salary is at present so small as to be merely nominal.

A visit by the president, Miss Mitchell, and the editor, to Montreal in November, 1906, was a most delightful occasion, and as profitable as it was delightful.

The editorial board are all trained nurses, and represents all the nursing organizations of Canada, each association of nurses at its annual meeting electing one member.

The board also represents the subscribers, additional members being named in places where there are many subscribers. Every province of the Dominion of Canada has at least one representative. There is one in Yukon Territory, one in Labrador, and one in Newfoundland. Canadian nurses in the United States have also members on the editorial board. The president, the treasurer and the editor are appointed by the editorial board.



During the years 1907 and 1908, "The Canadian Nurse" continued to make excellent progress. Even the "hard times" did not swamp our little new ship. At the end of 1908 the editorial board determined to separate the business and financial management from the editorial management, and made advantageous arrangements with Mr. James Acton, head of the Acton Publishing Company, of Toronto, with this in view. The editorial management remains entirely in the hands of the profession, represented by the editorial board, and the prospects of the magazine are brighter than ever they were. The editorial board take this opportunity of thanking the profession in Canada for the loyal support they have at all times given the magazine, and of congratulating them on the fact that the magazine is now so well established. It only remains to say that the editorial board have every confidence in the future of the magazine, both from a professional point of view and from the point of view of the publisher. Mr. Acton's publishing house is one of the leading publishing houses of Canada, and will, we are persuaded, conduct the business part of our work in a manner worthy of the profession. This and the single-hearted service of the profession has always been and will always be the first aim of the Editor and of the Editorial Board.

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As a matter of fact, an intelligent person, looking out of his eyes and harkening in his ears, with a smile on his face all the time, will get more true education than many another in a life of heroic vigils. There is certainly some chill and arid knowledge to be found upon the summits of formal and laborious science; but it is all around you, and for the trouble of looking you will acquire the warm and palpitating facts of life. . . . Many who have plied their books diligently and know all about some one branch or another of accepted lore come out of the study with an owl-like demeanor, and prove dry, stockish, and dyspeptic in all the better and brighter parts of life. Many make a large fortune, who remain underbred and pathetically stupid to the last. And meantime there goes the idler, who began life along with them—by your leave, a different picture. He has had time to take care of his health and his spirits; he has been a great deal in the open air, which is the most salutary of all things for both body and mind.—From "An Apology to Idlers," by Robert Louis Stevenson.



### VICTORIAN ORDER OF NURSES.

The eleventh annual meeting of the Victorian Order of Nurses took place at Government House, Ottawa. Her Excellency presided and there were present: Her Excellency the Countess Grey, Mrs. R. L. Borden, Mrs. Learmont, Mrs. McCarow, (Montreal), Mrs. Crerar, (Hamilton), Mrs. Ellis, (St. John, N.B.), Miss McKenzie, chief lady superintendent of the order, Sir Sanford Fleming, Mr. Courtney, C.M.G., Senator Cox, Senator Ellis, Dr. Bruce Smith, (Toronto), E. C. Whitman, (Canso, N.S.), Rev. Dr. Hill, (Montreal), Dr. Gibson, John Fraser, Dr. C. Morse, K.C., J. F. Orde, K. C., George Burn, Bennett Rosamond and Dr. McGregor, (Almonte).

The honorary secretary's report was read by Dr. Gibson, the prevailing note being that of robust confidence in the work of the order for the ensuing year. Mr. John Fraser presented the report of the honorary treasurers which showed that besides meeting all the demands of expenditures the revenue permitted from its surplus a donation of \$2,500 to the Lady Minto Cottage Hospital fund. Miss McKenzie then presented her report, as chief lady superintendent, which was characterized by His Excellency as a "most inspiring document for the future of the order."

Miss McKenzie's probationary appointment as chief lady superintendent was confirmed and made permanent on motion of Her Excellency, who paid a high tribute to the tact and executive ability shown by Miss McKenzie in her work.

His Excellency responded in his usual happy vein to a cordial resolution of thanks, assuring the board of the abiding interest of Lady Grey and himself in everything Canadian, more especially institutions for benefiting the sick and needy.

The board of governors and delegates were entertained at luncheon by Her Excellency at the close of the meeting.

A post-graduate course in District Nursing, four months, is given at one of the homes of the Victorian Order of Nurses, either in Ottawa or in Toronto. For full information, apply to the Chief Superintendent, 578 Somerset St., Ottawa, or to the District Superintendent, 206 Spadina Ave., Toronto.

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The  
Guild of

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Saint  
Barnabas

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### GUILD OF ST. BARNABAS.

At a meeting of the Guild held at St. James' Rectory on Friday, January 29th, it was decided to hold the meetings at the different hospitals, so as to enable nurses still in training to attend these meetings, and thus become familiar with the objects and service of the Guild. Through the kindness of Miss Snively the first of these meetings was held at the Nurses' Residence of the General Hospital on Friday evening, February 26th. There was a large attendance of members of the Guild and pupil nurses. The chaplain, Canon Welch, told how the Guild had originated in London about thirty years ago and how there were now branches in all the colonies. He then explained the object and aim of the Guild and read the rules. The Guild office was then proceeded with, followed by the address.

At the close of the service the superior, Mrs. Welch, announced that the next monthly meeting would be held at St. James' Rectory and extended a cordial invitation to the nurses to be present, not necessarily to join the Guild, but hoping that many would feel inclined to do so.

The meeting of St. Barnabas Guild for April will be held, by kind permission of the superintendent, at the Nurses' Residence of Grace Hospital on Friday, April 30th, at 8 p.m.

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### HONORABLE BUT NOT DEVOUT.

Then there is that large body, that very large body, of people who are honorable but no devout. We come across them at all hours of the day—doctors, students, sisters, nurses. A sister in a continental hospital comes before my mind at the moment. I can see her in her ward—absolutely upright, straight as the Psalmist's palm tree; absolutely true; would never allow a liberty to be taken with her; honorable through and through. Her ward is a model ward. Her life is a model life. Perhaps she is a little bit hard, perhaps she is just a trifle unsympathetic; but she is honest to the core. Either some devout but not honorable person has thrown her off, or her upbringing has never given her the chance of learning that which is the very basis of our lives.—*The Chaplain, in Misericordia.*

## My Scallop-Shell of Quiet

GIVE me my scallop-shell of quiet,  
My staff of faith to walk upon,  
My scrip of joy, immortal diet,  
My bottle of salvation,  
My gown of glory, hope's true gage;  
And thus I'll take my pilgrimage.

Blood must be my body's balmer;  
No other balm will there be given:  
Whilst my soul like quiet palmer  
Travelleth toward the land of Heaven:  
My soul will be a-dry before,  
But, after, it will thirst no more.

—*Sir Walter Raleigh*

### A PRAYER.

O Lord, Thou hast most wisely fashioned man's body, thousands upon thousands of organs hast Thou joined in it to work incessantly in order to build up, preserve the beautiful whole, the dwelling of the immortal. In perfect order and union they will perform their functions, but when their harmonious action is interrupted by the fragility of the constructive material or the perversity of the passions, the forces will antagonize each other and the body may perish. And Thou sendest the warning messengers, diseases, to man, to show the threatening danger and stir him to try and avert it.

Thy earth, Thy rivers, Thy mountains are full of healing substances which have the power to mitigate suffering and to prevent the destruction of Thy creatures. And to man Thou hast given wisdom to study the body and understand the organs in their order as well as disorder; also to seek and find those remedies and prove and prepare them according to the indications, for disease.

Let me be always myself and my attention fully concentrated, at the bedside, nothing foreign must disturb it, so that all the experience and insight I may have will be at my command in the case before me.

Fill my patients with confidence in myself and my art, and with obedience to my advice.

Keep away, O Lord, from the sick chamber every quack and the whole army of advisory relatives and the otherwise nurse, they constitute a cruel set of people, who, in their vanity, may spoil the best work of medical art, and not infrequently assist the disease in destroying the patient.

When wiser counsellors than myself are ready to correct and improve my knowledge, let me gratefully receive their counsel, for art is broad and wide, and no man can know all.

But should the vain and unwise find fault with my skill, then make me same against the greater fame and age of others.—*Prayer of a Physician of Alexandria in the Twelfth Century Before Christ.*

# The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

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TORONTO, APRIL, 1909

No. 4

## IN THE CHILDREN'S WARD.

To-day we had a baby brought into the Children's Ward, where I am now, who had swallowed and had not assimilated a quarter. He is more expensive than any other of our babies who have come in with the same complaint; they were usually content with pennies.

This is quite serious, however, as the quarter has lodged in his oesophagus, and the consequences may be disastrous. So we are all watching him very closely.

His mother, who is a pretty little thing, and quite young, when I questioned her, burst into tears, exclaiming, "Oh, nurse! I feel that it is all my fault! He was playing with some pennies, so I took them away and gave him the quarter instead. I didn't dream that he would swallow that!"

Naturally we are all more careful about our babies having money. As this was visiting day, I found, as usually happens, that one of them had been given money by his mother and was holding it, tightly clasped in his little fist. I told her that she shouldn't give her children pennies to play with "Oh," she said very virtuously, "I never give my children pennies, I always give them nickels."

When I pointed out, that from a bacteriological point of view, nickels were quite as unwholesome as pennies, and were just as likely to be swallowed, she opened her eyes very wide, and exclaimed, "Why, nurse! I always thought that it was the copper that was bad."

We were very short of nurses yesterday, which meant that two who were left were in a rush all day. Naturally we were little inclined to conversation, so Annie was a distinct trial. Her tongue never ceased, from the time we went on duty in the morning till the time we left, mentally and physically exhausted at seven in the evening. We felt as though we had been living inside an endless phonograph!

Yesterday we had an experience we shall not very readily forget. The ward looked beautiful, and we were congratulating ourselves that everything had been done up to time, when Dennis and his father arrived.

The father caught and held my amazed attention, for dirty little boys are no novelty. But the dirt of the father was phenomenal. It did not need a Sherlock Holmes to "deduct" the fact that he was a coal heaver. Coal-dust emanated from every pore. Dennis was like his father in build, square and stocky and, alas! he, too, was absolutely covered with grime, borrowed partly from his father's coal, partly acquired by his own unaided efforts, and he had a distressing cold in his head. He was assigned to me, so I got his bed ready and attempted to take him from his father, when bedlam broke

loose. He roared and kicked and struggled, and though I am pretty strong, he was more than my match. Just as Miss Austin came to my rescue, the father rushed up, snatched him from my—shall I confess?—only too willing arms, and exclaimed, tragically, "I told them how it would be if I brought him here. He'll have the black fit!" He said it in Irish, but as I don't know how to spell that language, you will have to imagine how it sounded.

He made for the front door while I followed. On the way we met Dennis' mamma, with a smaller but quite as grimy edition of Dennis in her arms.

"Where are you going, you old fool?" she addressed her husband, politely, also in Irish.

"I'm going to take him home," he answered, violently.

"Home!" are you now? and who do you think will nurse him at home?" very sarcastically.

"I don't care! He'll have the black fit if I leave him here."

"The black fit, indeed," pounding her better half hard. "You leave that child here where he'll get nursed and you just take yourself off, you big, lazy——," accompanying all this with resounding blows.

All this time "Nurse," in an agony of uncomfortableness, was begging, imploring, commanding them to go outside if they were likely to have a pitched battle, but just at this point "Papa" dropped the still howling Dennis to the floor, and hastily made his escape, "muttering," as the dime novels say, "imprecations under his breath," only these weren't under his breath; they were extremely outspoken.

With a wonderful change of voice the mother said to Dennis, "Now go along with the nurse, Denny darling, and be a good boy," and to me, "You'll be good to him, nurse, won't you, bless your sweet face?"

Then she also went, leaving me to shoulder the squirmy, wriggly little three-year-old.

We undressed him by main force and put him in the tub. He evidently, to judge by his struggles, thought we were going to drown him. Probably he had never seen so much water collected in one place before. Also he dreaded to part with that outer covering of dirt; it had been his own for so long it was well-nigh impossible to take it from him.

This seeming impossible task accomplished at last, and Dennis arrayed in a clean white nightgown, what a change was wrought! Like Samson shorn of his locks and strength, Dennis, deprived of his accustomed covering, became most meek and seraphic. He looked almost smug! He remained in this unnatural state until we went off duty. The night nurse tells a different tale, but that's her story.

To-day Jimmie had one of his "fits" of crying, as his mother calls them. Jimmie is a free-born American citizen, and considers that he has a right to make as much noise as he likes, and to scream whenever and wherever and for as long as he likes. So, naturally, knowing his little peculiarity, I was not very much concerned when the storm continued. When it began, I ascertained that there were no pins in him, nor pains so far as I could judge, so

left him severely alone to get over it when he pleased. As you know I am the eldest of a large family. That sounds irrelevant, but it isn't.

In came my head nurse, who is pretty and extremely young, and said, severely, "Don't you think you might manage to keep Jimmie quiet?"

I confessed my utter inability to do anything, short of murder, to make him stop; so she, in a patient, long-suffering tone said, "It takes time to learn how to manage children," and leaning down to Jimmie she commenced to say cooing things to him and to poke and tickle him.

Jimmie stopped crying instantly, looking unspeakably offended; then, raising his hand, he slapped her hard, and resumed his wailing.

You may not believe me, but I assure you that I did not move a muscle of my face, and was even able to speak reproachfully to Jimmie while she was in the ward, which, fortunately, was a very short time. Afterward—well, he was forced to stop crying, because I hugged him nearly to death.

Dennis is convalescent now and is running about the ward. We all adore him! He is only three, but oh! so sophisticated. He even pitches craps! He will certainly become a prizefighter some day, he has just the figure for one—not that I have ever seen a prizefighter, but I am sure Dennis has.

He is so independent and looks us so squarely in the face with his steady, green Paddy eyes that we must perforce believe his absolutely impossible statements.

He can't speak plainly yet, but his command of Avenue A slang is complete. Just at present he loves only two things on earth, Miss Austin and ice-cream, but he gives ice-cream the preference. He is never clean for five minutes together. He must exude the dust, for naturally he could not acquire any in our ward!

Not very long ago a minister brought some members of his Sunday School to give toys and books to the children, and to play with the convalescents. Naturally Dennis was the centre of attraction, and he was so well-behaved and painfully polite, that we became seriously alarmed and feared that he was going to leave us for a better land. But not Dennis!

When the minister gathered his little flock together to say good-bye, Dennis was there and so were Miss Austin and I, unfortunately. Very solemnly Mr. Parson told Dennis that if the nurses gave a good account of him, and if he would promise to be a very, very good little boy, that he would give him books, oranges and all kinds of nice things, the next time he came.

Dennis stood with his feet as far apart as possible, his hands behind his back, and gazing unblinkingly up into the reverend one's face, patiently heard him to the end, then exclaimed, scornfully, "Hot air," and turned on his heel.

We didn't laugh, we wept.

After that it was his pet expression. If the great "Attendings" came to make "rounds" Dennis would steal up behind, and when they delivered an opinion on a case, he would deliver his verdict, "Hot air!"

But he is developing unexpected sweetness of character every day, and we shall feel very loath to part from him, when the time comes for his return to Avenue A.

One of our nurses told me something the other day that will amuse you.

An old woman, who has a son in one of the big wards, offered her a dime which was politely declined. After repeated refusals on the nurse's part, the old dame lost her temper, and exclaimed, "Is it because you don't think it's enough, you saucy minx?"

The other day a doctor was dressing a little boy, who always shrieks all the time, more from a sense of duty than because he is being hurt.

That day he had promised me to be very good and quiet, and only squirmed a little till the worst part was over, when he suddenly began to wail at the top of his voice, and looking, with an agonized face, up at me, he imploringly asked, "Oh, nurse, is he hurting me?"

I never told you about Julia, I think. This winter Julia has been a patient here three different times. She looks exactly like a "Goop," with all her features in the middle of her fat little face, and strings of lanky brown hair always getting into her eyes.

She has a characteristic wail, which I could recognize in Siam. She was only a little over a year old at the time of my first acquaintance with her, but she was of such an enquiring turn of mind that she had to be pinned into a blanket, to prevent her from making tours of investigation. Even so, one of the nurses came into the ward one day, to find, to her horror, Julia crawling wormlike and sinuously over the floor, enjoying herself immensely. How, without the use of her hands, she got over the side of her crib, and why she wasn't broken into little bits, when she landed on the floor, are still mysteries.

The second time she came in nothing so startling happened. She had acquired one habit which could not be broken, that of lying in bed with her little fat legs always sticking straight up in the air, and when meal time came, and she saw her bottle being borne into the ward, arms and legs were all in the air waving frantically about, and the only feature of her face that amounted to anything, was her widely opened mouth. All the others paled into insignificance before that! It was a treat we tried to give visitors, that of seeing Julia absorb her nourishment.

She was so perfectly incorrigible that we often found ourselves chanting the words of the lovely song—

"Julia you are peculiar  
Julia you are queer;  
Julia you are as unruly,  
As a wild Western Steer."

whereof the feet are almost as unmanageable as Julia's were!

One day while Julia was wailing in anguish, after her empty bottle had been wrested from her, a nurse from another ward came in, and after vainly trying to make herself heard, took us outside and earnestly advised to cast Julia—our beloved Julia—into the trash can, and to put the cover on. We were unspeakably pained at her heartlessness—we enjoy hearing Julia cry.

The last time Julia came it was positively uncanny. We were in the midst of telling a new nurse about Julia and her iniquities, when who should walk in but Julia's mamma, with Julia in her arms.



I had hard work to appear sympathetic, and when I whispered to the other nurse, "It's Julia," she went off in a gale.

This time Julia and Dennis collided. I daresay her face annoyed Dennis; it certainly wasn't pleasing; but whatever the cause, Dennis, during the solemnity of "rounds" was discovered thoroughly and systematically wringing Julia's little turned-up nose.

Her expression of horrified surprise was decidedly upsetting to the gravity of the doctors.

Just at present Sally is our pride and joy—not the night nurse's, I fear, but then she is prejudiced and prefers quiet.

After weeks of apparently hopeless illness, Sally suddenly decided to get well, which she is doing thoroughly. Her daily increasing rotundity is nothing short of miraculous. Her family, for some unexplainable reason, hold me responsible, and their gratitude and benedictions are extremely embarrassing. We attribute it to her bad temper. In her worst days she still had enough spirit to object strenuously to everything that was done for her, and her voice, which is like an asthmatic fog-horn, never lost the power of expressing her emotions in explosive "Yahs!" followed by a word which sounded perilously like a very naughty word indeed. But Sally is of such tender years that we will give her the benefit of the doubt. Her voice is, I believe, what the night nurse objects especially to. Her chief amusement is to beat herself violently on the side of her head, and the more her temper is roused the harder does she beat, and she grinds her teeth excruciatingly.

For weeks after she came in Sally cried pitifully for her little sister Mary, evidently one of the "Little Mothers of the poor," and you may imagine our feelings, when we heard that Mary was in one of the big wards suffering from the same dread disease that Sally has, and of which a little brother died a few days before Sally was brought in. These are the cases which make great inroads on our sympathies, and we all felt that if any efforts of ours could help towards saving Sally, we would not spare ourselves.

There is another little brother who is adorable, with fiery red hair, more freckles on his face than there is room for, and a choice assortment of rags. He has the most honest blue eyes, and a tragically old face, and the way he stands and looks at Sally goes to our hearts.

On Easter Sunday, he sent me, by his mother, a gorgeous Easter card. Poor little lad! It represented a lot of his hardly-earned pennies, for its hideousness was of the kind that costs. You can't imagine how touched I was, and Johnnie now has a "corner" in my affections. B. E. A.

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### \*THE DUTIES OF THE PERMANENT NURSE.

I have found it very difficult to speak of the duties of the permanent nurse without going too much into detail, and thus touching on personal matters; but you will all understand just as our duties differ in nursing a sick patient in a private house (for very often having an eye to the baby, or to the

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\* Read before the Alumnae Association of the Royal Victoria Hospital, Montreal.

household affairs, will do more towards a rapid recovery than any amount of nursing or fussing over the patient herself), so must the duties of the permanent nurse differ one from another.

It will depend upon the number of the family, and the relation they bear towards your patient, as well as their position financially, just what duties will be expected of you, but by a little observation you will soon adjust yourself to circumstances.

I will place the duties as I find them under four heads:

1. Private Secretary.
2. Companion.
3. Lady's Maid.
4. Nurse.

First in importance is that of private secretary, which means looking after the home and personal expenses, paying weekly or monthly accounts, etc., seeing that the annual or semi-annual subscriptions are duly paid, writing and answering all business letters, as well as the private correspondence, the latter being done almost entirely by dictation. Anything connected with the bank book, such as deposits or withdrawals, and the filling in of cheques has to be carefully accounted for, so that when the reckoning day comes nothing will be found wanting.

I may add that this duty is more simple than it sounds.

The second in importance is that of companion, and, as may easily be imagined, is the most difficult of all, and although there is not much to be said about it, it demands more of you, and takes more out of you than anything else. You are your patient's shadow in all walking, driving, visiting, etc., in fact you are your patient's "right hand," as I was told in the beginning by mine, and I have found it to be most literally true.

Third, lady's maid, which after all is very closely associated with the duties of the nurse. Assistance is given with the bathing and dressing, in fact with everything connected with the toilet, the care of the collar and cuffs, sewing on of buttons, and mending to a slight extent, besides many other small duties too numerous to mention.

Fourth and least, the duties of the nurse. Except in the case of an illness, the nurse has no scope in displaying her knowledge—if she has any—or developing her professional etiquette; she is ruled by her patient, not her patient by her. A uniform is not worn; it would only attract attention in the house, besides being rather inconvenient on account of changing to outdoor clothing two or three times a day. And notwithstanding the disadvantages of the duties of the permanent nurse I think you will all agree with me that a good night's sleep in a comfortable bed, in a comfortable room, with three good meals a day, surrounded by pleasant and agreeable people (outside people, I mean, for the family only consists of my patient and myself) besides a kind and considerate patient, is after all quite an enviable position in this work-a-day world of ours.

E. F. HOLMES.

## LETTERS FROM A NURSE IN TRAINING.

## II.

The Hospital of the Good Samaritan.

My Dear Margaret,—It hardly seems possible that nearly four months have gone by since I penned my last effusion. Water goes under the bridges with the speed of a mill-race these days, and I am borne along, metaphorically speaking, like some insignificant chip, sometimes under water, and some times on top; but nevertheless in the current at last.

I need not tell you how pleased and proud I was to be accepted and get my uniform. I wore it on a Sunday for the first time, and I think I felt as Sir Galahad did when he buckled on his armor and set out on his quest. Who knows but that I, too, after much wandering and heavy discipline may see at last as he did—"Four angels bear the Holy Grail." I hope for Sir Galahad's sake that his armor did not give him as much concern as my uniform did me. No debutante was ever more conscious of her raiment than I on that first Sunday. To begin with, my nice white bib got all crushed by my bending over the bath tub, and then some horrid person splashed permanganate of potash all over my skirt. Altogether, my lot that Sunday morning was not one of unmixed happiness.

Since I last wrote, I have been moved from Ward Three to Ward Four, the Men's Medical. Practically the whole ward has typhoid. Seven patients fall to my lot, five still in the thick of it, and two more or less convalescent. Margaret, I never was so busy, or so happy in my life. When those men are "done up" in the morning, clean and neat, with the bed-spreads hanging just so, and their respective hairs mathematically parted in the centre, I feel like the mother of seven, all boys, a most satisfying sensation. True, they don't stay put very long, especially the convalescent ones, but still for a brief period I may take a justifiable pride in my handiwork. One of the convalescents is particularly aggravating,—he submits to my ministrations with the best grace imaginable, and does me infinite credit just so long as I keep my eyes on him, but let my back be turned for an instant and he gives the bed clothes a sudden tweak which pulls out the most firmly tucked-in corners and exposes to view a large and most inartistic pair of feet. As his bed is at the extreme end of the ward, immediately opposite the door, these pedal extremities by no means blush unseen, but thrust themselves upon the notice of visitors passing through the corridor, including the lady superintendent, who, of course, regards me as directly responsible for the unseemly display.

Talking of visitors, if ever I write a book on hospital experiences, I am going to devote a whole chapter to visitors. My seven all have visitors; the man in the corner is a gay and irresponsible bachelor of certain years, a railroad man of sorts, and the members of his brotherhood come up on Sunday afternoons in shiny black suits, with expansive watch chains, with many strange emblems, dependent thereon, disposed across their manly bosoms. Sometimes they bring funny, little tight bunches of flowers, all wilted, poor things, by the hot hands that have held them. But they are really concerned about "Bill," and try not to be seriously annoyed when their deputation of five

is cut down to one by an inexorable head nurse, who explains that Bill's temperature is only just beginning to strike normal in the mornings, and that excitement is bad for him. We are usually rather short of vases, but I always try to get something to hold those wilted, little, short-stemmed flowers, so that Bill may not be ashamed to meet his enemies in the gate, for even if he has no solicitous women kind enough to fuss over him, he can proudly exhibit the flowers "the boys" brought him.

The young man in the next bed, I am afraid, is a gay Lothario, a little bucolic perhaps, but that type is the same wherever you find it despite individual differences. He arranges matters so that the two victims of his wiles come on alternate Sundays. He has been ill for nearly a month, but his temperature has never been very high, and these susceptible damsels take week about sitting beside Lothario, and looking unutterable things at him to the huge delight of all those in the ward who are not too ill to take an active interest in their surroundings.

Lothario's neighbor is a huge Galician, who has been very ill, indeed, and is still too drowsy to notice very much. But his "Missus" and two children, all redolent of garlic, come to see him every Sunday. She never comes without remonstrating to me as to the paucity of her husband's diet. "Three weeks no bread,—all time drink, drink, no good for man," says she, and I retire precipitately, leaving her with the honors of war. On one memorable occasion after one of these Sabbatical visits I discovered a bundle tied up in a red cotton handkerchief stuffed under Mr. Galician's mattress. On investigation it was found to contain the half of a very dubious apple, a piece of fat pork, and some very peculiar looking bread. The weight of the mattress had reduced the whole to a very appetizing mass. The poor fellow broke into loud lamentations when I took it away. Truly we don't know "how the other half lives."

Then there are the genial visitors, most of them of more or less pronounced religious tendencies. The Good Samaritan gives the clergy of all denominations free access to the wards at any hour. All the principal denominations are represented, and in addition there are several free lances, mostly women. One of these managed to distribute leaflets to my seven a few days ago. The cheering title of six of these brochures was "The Worm that Dieth Not." The seventh bore the somewhat personal query of "Are you a Drunkard?" which she presented to Bill, who, I fear, cannot deny that soft impeachment. This same lady requested permission to sing to the men in Ward Five (chiefly convalescent surgical cases), and immediately began a rendering of "Killarney," so piercing that it penetrated the closed doors of the operating room, where a somewhat irascible surgeon was giving a clinic to the final year in medicine. Over the subsequent proceedings it is better to draw a veil. Suffice to say that after the first verse of "Killarney" was finished "the rest was silence."

It is disgracefully late. I must finish this to-morrow.

Since yesterday, Margaret, so much seems to have happened. One of my seven is dead. Poor Lothario; he was so well yesterday, when I went off for my afternoon, and just shortly afterwards perforation took place. He

refused operation. When I came on at seven this morning I could hardly believe my eyes. Could that strange, pinched face touched already with what Thackeray calls "that strange look of coming dissolution," belong to the laughing, careless Lothario? The screens were put round him, of course, and they seemed to worry him, for he kept trying to push them away. During the morning one of his girl visitors came. She was plainly terrified, and only stayed a few minutes. Poor, shallow little thing; she could not bring herself to touch so much as his hand. I was glad when she went away. About four o'clock the other came. She didn't say much, but she sat down by Lothario's bed and took her handkerchief, with its cheap perfume and wiped the damp forehead and chafed the cold hands. Then the priest came and administered extreme unction, and through it all poor Lothario lay there, turning his head from side to side, seeking rest and finding none. The priest left his crucifix lying over the poor laboring heart and went away. The ward was very quiet; the dominating sound was that hurried breathing and an occasional half choked moan. I seemed to have been listening to it for days instead of hours. The head nurse stayed with him nearly all the while, but after six she had the night report to write, so I took her place. Suddenly the breathing seemed to catch and stop. The girl bent over him and snatching at the crucifix held it so the dying eyes might rest upon it, but they turned away and rested upon her face instead; the pupils dilated, grew wider, and even as I looked the pain faded out, the lines of suffering were gone. Death gave to Lothario a dignity that life had withheld. I closed his eyes and covered his face and got the little girl away. The house surgeon came, made a perfunctory examination, and all the rest of it. We are all terribly business-like, even with death, in this hospital of the Good Samaritan. It is all part of the day's work, no doubt, but to me it seems a little heartless. Perhaps I shall be drilled to it in time like some of the others. A little remark I heard the night nurse make as she set her cups in order for the eight o'clock diets gave me pause. "I am glad he died before seven," she said, quite dispassionately. She is a gentle, fair-haired little mouse of a thing, but she was glad he died before seven! Probably she did not mean to be as heartless as her words sounded. She was relieved that, since he had to die, she had been spared the trouble and distress of watching that last hour with him. But I understand now why nurses are sometimes called callous.

As for me, I can't forget that girl's face as she held the crucifix. To us all, they say, comes, sooner or later, the immortal moment. I think that must have been hers. For the moment she was transfigured. The mantle of suffering draped her about and hid every commonplace outline.

This is the first time I have ever seen death, Margaret; and as for love—I think, perhaps, I saw love, too. Lothario and the silly, pretty girl showed them both to me.

E.J.

## NEW PREPARATIONS AND REMEDIES

Nurses, like physicians, must always learn something of new preparations of standard drugs, new names for old things, and entirely new foods and medicines, as they may be manufactured or discovered. Some of the most recent are described in the "British Medical Journal," to which we are indebted for the descriptions and laboratory results given below:—

### Phosphoric Acid in Granules.

We have examined a sample of a granular effervescent compound which has recently been put forward under the name of "Alexine" (made by J. Chatelain, 15 Rue de Paris, Puteaux). It contains iron, manganese, and phosphoric acid, with ingredients for production of effervescence, and the special feature for which merit is claimed is that the phosphoric acid is present in the free state. We found this to be the case; sufficient phosphoric acid is contained in the granular to provide an excess in the free state after the alkaline carbonate which produces effervescence has neutralized its equivalent. The draught resulting when the granules are added to water is of an agreeable acid taste. Manganese and iron were present in substantial quantity, but the exact amounts are not stated.

### Vaginal Douche Tablets.

Messrs. Duncan, Flockhart, and Co. (143 Farringdon Road, London, E.C.) have submitted samples of tablets intended for the easy preparation of liquids for vaginal douching. The formulae are as follows: No. 1, alum, 30 grains; zinc sulphate, 30 grains; potassium permanganate,  $2\frac{1}{2}$  grains; No. 2, zinc sulphocarbonate, 30 grains; alum, 30 grains; No. 3, tannic acid, 15 grains; alum, 30 grains; one tablet is to be dissolved in a pint of hot water. The tablets are of a flat shape, which allows of their being easily broken up, and we found them to dissolve readily in hot water. Their portability makes them convenient.

### Cod Liver Oil Emulsion With Hypophosphites.

We have received from Mr. W. A. Lynass (5, Ann Street, Belfast) a sample of his emulsion of cod liver oil with hypophosphites of lime and soda. It is of the appearance and consistence of cream and palatable; of the many emulsions of this kind on the market it is certainly among the most attractive. Analysis showed it to contain about 40 per cent. of oil by measure.

### Trypsogen Tablets.

Various workers have shown that an important relation exists between some form of diabetes and lesions in those portions of the pancreas known as the islands of Langerhans; and it has been accordingly suggested that an extract of those structures might prove of use in the treatment of the disease, and reduce the necessity of excluding carbohydrates from the diet of the patient. Messrs. G. W. Carrick Co., New York, (London agents, Messrs. Muller, McLean & Co., Cecil House, Holborn Viaduct), have brought forward under the name "Trypsogen" an extract of the tail of the pancreatic gland of young calves and lambs, which consists chiefly of the islands of Langer-

# The Canadian Nurse

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NO. 4

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## Editorial

### A CANADIAN NURSE BACK TO CANADA.

We are glad to welcome back to Canada Mrs. E. G. Fournier, a graduate of Harper Hospital, Detroit, and afterwards principal of the Training School for Nurses and matron of the University Hospital, Ann Arbor, Mich. From there she went to Hope Hospital, Fort Wayne, Indiana, where she has been for the last ten years as superintendent of the hospital and principal of the Training School for Nurses. She was for five years president of the Indiana Nurses' Association, and is now one of the directors of the American Society of Superintendents of Training Schools for Nurses, and one of the directors of the Nurses' Associated Alumnae of the United States. She is also on the editorial staff of the American Journal of Nursing. Mrs. Fournier is a Canadian by birth and upbringing and belongs to St. Thomas, Ontario.

Mrs. Fournier is to be in charge of the "Minnewaska," at Gravenhurst, which has been purchased as a private hospital for the patients of Dr. Charles D. Parfitt. Dr. Parfitt's brilliant reputation and excellent scientific work for tuberculous patients will give the hospital a high standing, and we congratulate ourselves as well as Dr. Parfitt and Mrs. Fournier on the establishment of the new hospital. We understand the new hospital, which was opened on March 1st, is already practically full, and we hope the nurse and doctor in charge may have the happiness of sending many a patient back fit to join the ranks of the workers, and fight the battle of life as bravely as ever. The rich are provided for in Ontario, so are the poor. This is a good provision for people of moderate means, and we are glad indeed that Mrs. Fournier is in charge of it.

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### NURSING CANADIAN MOTHERS.

We wish our readers, and especially the leading members of Nursing Associations, would turn again to "The Canadian Nurse" for March, "A Nursing Problem in the West." We must not put the problem of caring for the mothers of Canada out of our minds. We hope it will be considered by the nurses of East and West alike. As Miss Johns says, "We should take counsel together, East and West, and find out how best we can answer, and that quickly, the exceeding bitter cry of our pioneer sisters of the West for help and succor."

Miss Johns' suggestion, that all western hospitals be required by the Government to take obstetrical cases, and that the Government should give financial aid to all such hospitals to enable them to take in every maternity case

that applies is a good one and should be carried out. Miss Mackenzie, Chief Lady Superintendent of the V.O., says on this question:—The idea of Mrs. Cran is to import midwives from England, which would be a most disastrous thing for the West—though I doubt if the West would consider employing such for a moment. The conditions are improving rapidly, young doctors are settling throughout the West, nurses are being placed in hospitals and in districts in the West, and in a few years there will be very few places where assistance cannot be procured on short notice. But meantime, there is a great deal of room for improvement and Miss Johns' suggestion about the small hospitals is a timely and good one. The people of Canada should solve this problem."

There are two sets of workers needed in this problem—the trained nurse and the domestic worker. The trained nurse problem can be dealt with by the V.O. throughout Canada.

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### CANADIAN HOSPITAL ASSOCIATION.

The third annual meeting of the Canadian Hospital Association will be held in the Parliament Buildings, Toronto, on the 12th and 13th of April. Papers are being secured from a number of the leading hospital workers in Canada. One or two visitors from the United States will be invited to take part in the proceedings.

An automobile drive will be given by the president, Dr. W. J. Dobbie, superintendent of the Weston Sanitarium, from Toronto to the sanitarium on the afternoon of the 12th. An inspection will be made of the methods employed there of treating patients suffering from pulmonary tuberculosis.

Among the social features will be a dinner to be held on the evening of the first day in the Speaker's dining-room in the Parliament Buildings.

Among the topics will be, "Treatment of Convalescent Patients," "Cost of Maintenance," "The Best Plan of Constructing a General Hospital of Fifty Beds," "The Treatment of Pulmonary Tuberculosis in General Hospitals," "The Management of Contagious Diseases in Isolation Hospitals."

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### THE JUBILEE CONGRESS OF DISTRICT NURSING.

Any nurse who can go in time to England should attend the Jubilee of District Nursing in Liverpool. Liverpool is the home of District Nursing, as it was founded there in 1859 by Mr. Wm. Rathbone and others. The Congress which will meet under the special patronage of Queen Alexandra, will be held on May 12, 13 and 14, and it is hoped that the opening gathering will be attended by a member of the Royal Family. Delegates from all District Nursing Associations throughout Great Britain, Ireland, the Continent of Europe, the United States of America, and the Colonies, as well as representatives of medical authorities and of hospitals, with others interested in social work amongst the poor have been, or will be, invited. A reception at the town hall by the Lord Mayor on the first day will be followed in the evening by the



inaugural public meeting, and on the second and third days the sections will assemble in two adjoining halls in the Central Hall Building in Renshaw Street, in order that if one subject is not concluded, the other may commence at the hour fixed. The sections will be divided as follows: (1) The History of District Nursing in England and other Countries; (2) The Importance of District Nursing as a Factor in Social Work; (3) Maternity Work in Connection with District Nursing; (4) Co-operation with Boards of Guardians; Charity Organizations; Public Health Departments; Prevention of Tuberculosis; Giving of Relief; Payments of Patients; (5) School Nursing in connection with District Work; (6) The District Nurse, Training, Inspection, etc.; (7) Future Developments. There will be an At Home on May 13, and a reception on board an Atlantic liner on May 14, so that visitors to the Congress will be able to combine business with pleasure.

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### HEROES ALL.

The captain of the *Republic*, and the brave Binns, skilful and efficient wireless operator and man, were not the only heroes of the recent deep sea disaster which ended so favorably. Another hero was the brave fireman, who, when the waters rushed in the engine-room, waded through water to his arm-pits, opened the safety valves, thus allowing the steams to escape, thereby saving the lives of all on board. Otherwise the steamer would have been blown up. Still another heroic soul was Miss Perkins, a saloon passenger, travelling alone on the *Republic*, who devoted her whole time after the accident to assisting the brave stewardesses in caring for the injured passengers.

When the passengers were transferred during the night from the *Florida* to the *Baltic*, the sailors found, in attempting to remove Mrs. Murphy, one of the severely injured, that it could not be accomplished until daylight. Miss Perkins, with the stewardesses, nobly waited with the wounded and possibly dying woman on what was then thought to be a sinking ship until 7.30 a.m., when they were safely transferred to the *Baltic*. Heroes all.

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### THE COLONIAL NURSING ASSOCIATION.

In the Falkland Islands, the Straits Settlements, Gibraltar, the Gold Coast, Bankok, Shanghai, Ugassaland, Uganda, in fact everywhere around the world, the nurses of this powerful association carry on their good work. The president of the association is Lord Amptill, who did such great service for the cause of Nurses' Registration in the House of Lords, last year. The founder of this association was a woman. Lady Pigott, when resident at the Mauritius Islands, saw the great waste of life among Europeans abroad for want of skilled nursing, and took steps to found the association, which now has the honor, not only of making grants and loans to establish this work in new places, but of selecting all the nurses sent out by themselves, and all the nurses sent out by the British Colonial Office.

### MAKING GOOD CANADIANS.

The Mission House at Ethelbert, Manitoba, is doing a good work for the country in trying to make good Canadians out of the young Galicians. The interesting letter from the Canadian nurse (a graduate of Toronto General Hospital, and the wife of the Rev. Mr. Monro, the medical missionary there), which appears on another page of this issue, asks for a lantern to aid her in the work for the boys and girls and help in the fight against the superior attractions of the bar-room and the pool-room. We have the greatest pleasure in inserting the letter and hope that some of our readers will be able to help to send that lantern to Ethelbert.

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### REGISTRATION.

An important and pressing matter is the registration question. The nursing profession, as such, has no legal recognition in Canada. The public is protected against anyone who may fraudulently use the name of doctor, but a woman of no training, of no skill, of no knowledge, of little or no character, may call herself a professional nurse. We are glad to hear that the attention of the graduate nurses of Ontario is to be given to this matter. It is an urgent matter—the most urgent matter now before the profession in Canada and should be dealt with at the annual meeting of the Graduate Nurses' Association of Ontario in May, and at all similar annual meetings until it is settled.

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### THE HOSPITAL OF THE SIX NATION RESERVE.

On the well-known Six Nation Reserve, about twelve miles from Brantford and near the village and council house of Ohsweken, there is a fine little hospital in charge of a graduate nurse, Miss Walker. It was erected by the Indian Department at Ottawa, and consists of five beautiful tents, having double flaps, and very warm and comfortable. There is the operating tent, the men's tent, the women's tent, the tent for contagious diseases and the tent which is the residence of Miss Walker, who reigns supreme under the Reserve Doctor, Dr. Holmes, and has for assistant an Indian girl, and an older woman, as well as an orderly. Everything in the tents was in beautiful order, and the kitchen, a wooden building, was also very attractive. The tents have a special contrivance for ventilation, and are also provided with windows. They are heated by stoves in which natural gas is burned, and lighted by natural gas also.

There are eight beds in the hospital. Last week there were four patients, one with cancer, one with typhoid, one with tuberculosis, and one surgical case. The little encampment of tents looks picturesque from the council house.

Please put this address down in your address book—Miss Walker, The Hospital, Ohsweken P.O., Ontario, and send a magazine or two which you

have read yourself to that address now and then. The Indian patients will be grateful for them, and it will make you happier, too.

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### THE INTERNATIONAL CONGRESS OF NURSES.

Interest in the approaching International Congress of Nurses in London is growing rapidly and many of the superintendents and nurses all over Canada will make a great effort to be present. The superintendents of several of the leading Canadian Hospitals are making their plans for going, and will almost certainly be able to carry them out if no unforeseen difficulties occur to prevent them crossing the sea for a few weeks. Our nursing contemporaries are devoting a great deal of space to the Congress, and a recent allusion in "Kai Tiaki," the New Zealand nurses' magazine, deserves more than a passing mention. Our contemporary, after alluding to preparations among New Zealand nurses to attend the Congress, remarks that, of course, New Zealand nurses will not wish to join the Congress as the nurses of a foreign country, but as a part and parcel of the British Nurses' Association. That is right! Good for New Zealand! They know how in New Zealand! They were first on the wire with the offer of a battleship, and now they are first in type with the very thing we in Canada have been feeling, but did not know how to express. We now have the honor of proposing, in order that the nurses of New Zealand, Australia, South Africa, Canada and other Britons beyond the seas, in our profession, may be part and parcel of the British Nurses' Organization; that the name of the latter be changed to the Imperial British Nurses' Association. "The Canadian Nurse" has had the honor of consulting some members of the profession in Canada privately, about this matter, and they all thoroughly approve of the Imperial idea. Miss Snively, superintendent of the Toronto General Hospital Training School, on her attention being drawn to the matter, at once agreed in this view, and intends to propose it formally to the British officers of the International Congress of Nursing. As Lord Milner said more than once, during his recent visit to Canada, "We must do things together" in order to promote and solidify the unity of the British Empire. Here is a thing, and a good thing, which we can all do together. Let us do it so. Long live the Imperial British Nurses' Association.

The proper organization of such an Association will mean a great deal to us in years to come.

Another excellent suggestion about the Congress comes from Montreal. It is that Canadian nurses attending the conference should adopt some badge which would readily be recognized. We invite suggestions to be sent in at once on this subject. Probably the Maple Leaf, in some form, would be the best badge. What does everybody think?

## Editorial Notes

### The British Empire.

**The Englishman's Home**,—We note that English nursing journals are advising their readers to go to Wyndham's Theatre to see "An Englishman's Home," the melodrama which has done what Lord Roberts and all the King's horses and all the King's men could not do—roused the nation to the necessity of being prepared for invasion. Every patriotic nurse, "The London Nursing Times" says, ought to see the play. We will, when it comes to Canada. Some of us will see it in London this year.

### England.

**The Catholic Nurses' Association and Archbishop Bourne**,—At the Convent of the Visitation, Harrow-on-the-Hill, and on the Feast Day of St. Francis de Sales, the Archbishop of Westminster presided over the meeting of the Catholic Nurses' Association and spoke to the nurses present of the importance of the aid of the Holy Communion in carrying out their noble vocation. He bade them remember their patients' needs as well as their own at such moments of close intimacy with their Creator, and said that the effects of such prayer would unconsciously manifest itself and thus help those whom they nursed. He reminded them that, hindered, as of necessity they must often be, from receiving Our Lord sacramentally, they could at all times make a spiritual communion, and in this way renew the divine presence spiritually in their hearts. The Archbishop then blessed the badges of membership, one of which he presented to each new member.

**The Nurses' Social Union**,—This excellent organization is making steady progress and now numbers 157 members. A constitution was adopted in December last. The branches at Bristol and Bute have recently had lectures on "Infant Feeding," by Dr. Annie Conrad, and "Nurses and Sanitation," by Miss Schiche.

### Scotland.

**Registration**,—This is regarded by the medical and nursing professions in Scotland as desirable and certain to come. They recommend a bill, however, exclusively applicable to Scotland, but suggest that reciprocity be accepted. Thus, a nurse registered in England or Ireland would be accepted as registered in Scotland and vice versa.

### India.

**Trained Nurses**,—Dr. Grace Mackinnon, of Patna, speaking at the London Nurses' Union, referred enthusiastically to the respect and esteem enjoyed by the British nurse abroad. She said also that it was hard to make a superintendent out of a native; they cannot rule. Another difficulty was that when you had just got them trained they would suddenly appear before you and say, "I want to be married," expecting the Doctor Sahib to select a suitable husband. However, the nurses were in great demand as wives, so that helped to solve the difficulty.

### Tasmania.

**The Australian Trained Nurses' Association,**—A new branch of the Association has just been formed in Hobart town, for Tasmania. Every state in the Commonwealth of Australia has now a local branch of the A.T.N.A., (except Victoria, which has its own association). The organization is now complete. Each branch has control of nursing matters in its own state, works under the rules of the Association, and has the same journal, a uniform standard, uniform examinations and a common register.

### United States of America.

**Legislation,**—The nurses of Michigan have prepared a bill to present to the legislature asking for a registration board of five persons to be appointed by the Governor from a list submitted by the Michigan State Nurses' Association, the majority of the board to be of nurses in active practice of the profession. The bill asks also for a three-years' course of training. The required fee will cover all expenses. Out of 35 Michigan Training Schools 28 have the three-years' course. Seventeen states have now state registration for nurses. "The Detroit Medical Journal" says, in a leading editorial, "The people of the State need the protection of such a bill, and they should have it at once."

**New York State,**—An increasing number are coming up for the State Examinations for registered nurses in New York State. 237 took the February examination.

We learn from the National Hospital Record that the American Hospital Association will hold its next meeting at Washington, D. C., September 21-24, 1909. Many physicians and others interested in the training school subject have been approached, with the view of obtaining as wide a range of information and opinion as possible. The Committee on Education of the Association of American Training School Superintendents has also been invited to meet with the Special Training School Committee at their March meeting. The Committee on Education of the Association of Training School Superintendents includes the following: Miss Adelaide Nutting, Teachers' College, Columbia University, New York City; Miss Annie W. Goodrich, Bellevue Hospital Training School, New York City; Mrs. Hunter Robb, The Haddam, Cleveland, O.; Miss Clara D. Noyes, St. Luke's Hospital, New Bedford, Mass.; Miss Anna L. Alline, Inspector of Training Schools for Nurses, 132 Lancaster St., Albany, N.Y.; Mrs. E. M. Simpson, 311 Erie St., Chicago, Ill. An effort has been made to obtain all possible information in reference to nurse helpers and assistants and the demand for this class of co-workers. Miss F. H. Bescherer, of the Albany Guild for the Care of the Sick, has been invited to appear before the committee to explain the methods and results of guild work. The Commissioner of Education of the Department of Regents, New York State, has been invited to send a representative of the nurses' training school, Department of Regents, to meet with the committee at the coming session.

# Editorial Board

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# Official Department



"The Canadian Nurse" has the honor of publishing official information from—

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.

The Canadian National Association of Trained Nurses.

The Association of Hospital Superintendents of Canada.

The Canadian Nurses' Association.

The Manitoba Association of Graduate Nurses.

The Graduate Nurses' Association of Ontario.

The Victorian Order of Nurses.

The Guild of St. Barnabas for Nurses.

The Brockville Graduate Nurses' Association.

The Collingwood G. and M. Hospital Alumnae Association.

The Calgary Graduate Nurses' Association.

The Edmonton Graduate Nurses' Association.

The Ottawa Graduate Nurses' Association.

The Fergus Royal Alexandra Hospital Alumnae Association.

The Galt General Hospital Alumnae Association.

The Guelph General Hospital Alumnae Association.

The London Victoria Hospital Alumnae Association.

The Kingston General Hospital Alumnae Association.

The Montreal General Hospital Alumnae Association.

The Montreal Royal Victoria Hospital Alumnae Association.

The Ottawa Lady Stanley Institute Alumnae Association.

The St. Catharines General and Marine Hospital Alumnae Association.

The Toronto Central Registry of Nurses.

The Toronto General Hospital Alumnae Association.

The Toronto Grace Hospital Alumnae Association.

The Toronto Graduate Nurses' Club.

The Toronto Hospital for Sick Children Alumnae Association.

The Toronto Riverdale Isolation Hospital Alumnae Association.

The Toronto St. Michael's Hospital Alumnae Association.

The Toronto Western Hospital Alumnae Association.

The Winnipeg General Hospital Alumnae Association.

The Vancouver Graduate Nurses' Association.

## QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE,

The following ladies have received appointments as Staff Nurses: Miss A. L. Plimsaul, Miss G. M. Watkins.

### Postings and Transfers.

#### Matrons.

Miss A. B. Smith, R.R.C., to Army Headquarters, Pretoria, on arrival in

#### Sisters.

Miss M. E. Neville, to The Queen Alexandra Military HP., Millbank, London, from Royal Infirmary, Dublin.

Miss L. E. C. Steen, to The Royal Alexandra HP., Cosham, from the Q. A. Military HP., Millbank.

Miss E. M. Fairchild, to Military HP., Bloemfontein, South Africa, from Military HP., Standerton.

Miss M. Wright, to Military HP., Harrismith, from leave in England.

Miss R. Osborne, to Military HP., Wynberg, from Military HP., Standerton.

Miss G. M. Smith, to Military HP., Cairo, Egypt, from Military HP., Alexandria.

Miss E. M. Lang, to The Alexandra HP., Cosham, from duty on T. S. "Plassey."

Miss A. Rowe, to T. S. "Plassey" for duty, from Military HP., Devonport.

Miss S. B. Lanyon, to T. S. "Plassey" for duty, from Military HP., Curragh.

#### Staff Nurses.

Miss K. F. Fawcett, to The Queen Alexandra Military HP., Millbank, London, from Military HP., Shorncliffe.

Miss E. M. M. Malim, to The Queen Alexandra Military HP., Millbank, London, from Military HP., Chatham.

Miss M. Byerley, to The Queen Alexandra Military HP., Millbank, London, from The Alexandra HP., Cosham.

Miss D. M. Smith, to Military HP., Shorncliffe, from Cambridge HP., Aldershot.

#### On Appointment.

Miss O. F. Stinton, to Cambridge, HP., Aldershot.

Miss F. E. S. Manning, to Military HP., Chatham.

Miss E. R. Thomson, to The Alexandra HP., Cosham.

Miss C. E. Alldridge, to Cambridge HP., Aldershot.

Miss M. Black, to The Queen Alexandra Military HP., Millbank, London.

Miss A. L. Plimsaul, to Military HP., Hounslow.

Miss E. B. Black, to Royal Herbert HP., Woolwich.

Miss M. O. Greenaway, to Military HP., Tidworth.



Miss E.K. Kaberry, to Egypt, from Military HP., Colchester (Temp.)

Miss V. C. Paschali, to Military HP., Dover, from The Queen Alexandra Military HP., Millbank.

Miss K. E. Hearn, to Military HP., Colchester, from duty on T. S. "Plassey."

Miss A. A. Steer, Miss C. G. Lees, to Military HP., Alexandria, Egypt, from Military HP., Cairo.

Miss A. J. St. Clair, to Military HP., Curragh, from Royal Victoria HP., Netley.

#### **Appointments Confirmed.**

Miss C. M. Pearce, Miss M. J. Branson, Miss A. I. Buyers, Miss M. I. Taylor, Miss N. I. Jordan, Miss E. J. Barrow.

#### **Promotions.**

The undermentioned Staff Nurses to be Sisters:—Miss J. Murphy, Miss S. N. Daly.

E. W. BECHER,

for Matron-in-Chief, Q.A.I.M.N.S.

#### **ALUMNAE ASSOCIATION, TORONTO GENERAL HOSPITAL.**

President—Lucy Bowerman, 349 Sherbourne St.

First Vice-President—Ida Beam, 728 Spadina Ave.

Second Vice-President—Annie Hartley, T.G.H.

Recording Secretary—Miss Lindsay, T.G.H.

Corresponding Secretary—Ida L. Burkholder, 728 Spadina.

Treasurer—Marion E. Hall, 18<sup>th</sup> Earl St.

Board of Directors—A. J. Scott, Grace Hospital; M. Tweedie, 53 Langley Ave.; Edith Hargraves, 146 Winchester St.

#### **Conveners of Committees:**

Sick Visiting—Elizabeth Field, 505 Sherbourne St.

Registration—M. E. Christie, 19 Classic Ave.

Programme—Mrs. Feeney, 44 Willcocks St.

Social and Lookout—Miss Richardson, 551 Sherbourne St.

Press—S. Caroline Ross, 1 Selby St.

Central Registry—Miss Purdy, 551 Sherbourne St.; H. Fralick, 728 Spadina Ave.

Canadian Nurse Representative—Miss Lennox, 107 Bedford Road.

#### **THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.**

For the year ending October 15th, 1908.

Officers for 1908-09: Miss Barnard, President; Miss A. Clarke, 1st Vice-President; Miss L. Adams, 2nd Vice-President; Miss A. Robertson, Recording Secretary; Miss B. Goodhall, Corresponding Secretary; Miss M. Wilson

Treasurer; Miss M. Gray, 505 Sherbourne St., Secretary for "Invalid Cookery"; Misses M. Haley, E. Jamieson and M. Ellrington, Directors; Miss J. Hamilton, 608 Church St., Convener of General Business Committee; Miss Sales, Miss McQuaig and Miss J. Gray.

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### THE ALUMNAE ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers for 1908-09: Hon. President, Miss Morton; President, Miss G. Morrison; First Vice-President, Miss P. J. Cottrill; Second Vice-President, Miss Ella Baker; Secretary, Miss J. E. Carr; Assistant-Secretary, Miss E. M. Dawson; Treasurer, Miss M. M. Redmond.

Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the board room of the hospital.

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## Correspondence

### THE THREE-YEARS' COURSE AND OTHER QUESTIONS.

We have been favored by receiving a copy of the following letter, which has been issued by the Special Committee, referred to below:—

To the members of The American Hospital Association:

After the Toronto Convention of the association, the undersigned were appointed by the president, as a Special Committee:

(1) To seek information in reference to the curriculum and length of the course of training of nurses.

(2) To consider to what extent hospitals should instruct or train nurse helpers or assistants.

(3) To present a modern curriculum.

For the aid and direction of the committee will you kindly answer the following questions:

(a) Is the demand for nurses in your vicinity satisfactorily met?

(b) Is there a demand for nurse helpers or non-graduate assistants for the poorer class of patients?

(c) What suggestions can you make towards improving teaching methods?

(d) Do you have a sufficient supply of applicants for your training school?

(e) How much time should be devoted to theoretical teaching each year?

(f) What has been the effect of state registration in your state?

(g) Do you send your nurses to other hospitals for a part of their training? Describe.

(h) What should be the length of the training school course of a hospital of from fifty to seventy-five beds?

(i) What do you consider unnecessary subjects to the curriculum?

(j) What subjects should be added to the curriculum?

The committee will be glad to receive any suggestions or recommendations not indicated by the above.

Please make prompt reply as the time is limited.

Send your reply to the secretary.

Respectfully,

John M. Peters, President,

Henry M. Hurd,

F. A. Washburn,

J. N. E. Brown,

Charlotte A. Aikens,

Mary Riddle,

Mary L. Keith,

W. L. Babcock, Secretary.

Committee.

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### A MAGIC LANTERN WANTED.

To the Editor of "The Canadian Nurse":

Dear Madam,—I should like to give you at least something about the many interesting phases of our work. The Galicians, among whom we labor, have been coming in thousands to seek homes in Canada; and of necessity the greater part of it lies in trying to help the young to teach them how to be good and useful citizens. The older people are not likely to change much. We have two Boys' Clubs, each meeting one evening a week. The idea is partly to provide amusement which will save them from the bar-room and the pool-room, as with the exception of these clubs there is no counter attraction. In order to hold their interest, it is necessary to vary the programme from time to time. We are anxious to purchase a magic lantern with slides of "Pilgrim's Progress," and have thought that if some of our friends knew of our aim through the pages of "The Canadian Nurse" they would probably be glad to contribute something towards this fund. The lantern is needed, badly needed, as soon as possible, or the boys' interest may wane, and the bar and pool-room win the battle.

The medical side of our work has greatly increased during the last year or two. There are many calls during the day, and frequently at night for medical assistance. Others who are unable to come are treated in their homes while, again, others are retained in the house as patients.

The people are very poor, and their needs cannot but appeal to the hardest heart. Quantities of clothing are sent here for distribution, and were it not for this many of them would have but one thin cotton garment to protect them against the wintry blasts.

Wishing you every success with "The Canadian Nurse," in whose pages I always find a deep interest,

I am sincerely yours,

ELENA EYRES MONRO,

(Mrs. C. H. Monro.)

The Mission House, Ethelbert, Manitoba.

## Hospitals and Nurses

Miss Georgie H. Colley, secretary of the Canadian Nurses' Association of Montreal, and a number of the members of the Association are hoping to go from Montreal to the International Congress of Nursing in London next June.

Mr. W. J. Standen, 19 Isabella Street, (late of "Evergreen Home," Minnesing, Ontario), announces the engagement of his daughter, Francis Baker, to Mr. James Alexander Lennox, of "Fairview Farm," Ivy, Ontario. The marriage will take place early in April in College St. Baptist Church.

Miss Standen is a graduate of Lakeside Hospital, Chicago, (1889) and also of the Victorian Order, Toronto.

Miss Moore, a graduate of Brockville General Hospital, has been appointed superintendent of the new General Hospital at Welland Ontario, and begins her work there under the most favorable auspices.

Miss Regan, a recent graduate of St. Michael's Hospital, has been appointed head nurse at the new Welland General Hospital.

The National Sanitarium Association has secured the services of Miss Lottie Creighton as visiting nurse for Toronto. She is a graduate of the Western Hospital (Class 1906), and since then has been engaged in private nursing both in the United States and Canada. She has also made a special study of the nursing of tuberculosis patients.

The Brockville Graduate Nurses' Association, judging from the enthusiasm evinced by its members, has come to stay. They began with seven members last November. Now they have twenty-two enrolled.

The General Hospital at St. John's Newfoundland, had a welcome visitor on February 25th, when Mr. Fred Howard, the ventriloquist of the Klark-Urban Company, visited each of the five wards and stayed a quarter of an hour in each, making the patients forget their sufferings for the moment by the amusement he gave them.

The hospital at Lloydminster is progressing. Four dozen towels, the proceeds of a "Towel Shower," have been presented by Mrs. Amos and the Rev. Mr. Carruthers, and others have sent books and magazines. The hospital is now open for inspection, and Nurse Beveridge is glad to welcome visitors.

The graduating exercises in connection with the Royal Alexandra Hospital, Fergus, were held on Thursday, March 4th, at the hospital. The following nurses received their diplomas: Miss Isabel Thompson, Fergus; Miss Louise Langdon, Yenilworth; Miss Maud Bowes, Elora; Miss May Barclay, Speedside; Miss Amelia Marshall, Snelgrove, and Miss Margaret Mitchell Arthur.

Miss F. E. Sinclair, a recent graduate of the Queen Victoria Hospital, Swan River, Man., has located in Dauphin, Man., where she will do private nursing.

Mrs. C. S. Mounsey, lady superintendent of the Queen Victoria Hospital, Swan River, Man., has resigned her position and leaves the end of April.

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## BOVRIL Feeds You

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# BOVRIL



### THE POST GRADUATE TRAINING SCHOOL FOR NURSES 2400 Dearborn Street - - CHICAGO

#### POST GRADUATE COURSE FOR NURSES

¶ The Post Graduate Training School for Nurses, Chicago, is now giving a four months' course to graduate nurses. Those taking the course will have at least one month in operating room work, will receive instruction in dietetics, hydro-therapeutics, infant feeding, urinalysis and obstetrics besides the regular senior work in the Hospital. No tuition is charged, board and room are furnished. Applicants must be graduated from some first-class training school within the last twelve years. Applications received and assignments made in the order of their receipt.

#### UNDER GRADUATE COURSE FOR NURSES

¶ Young women between twenty and thirty years of age who have high school educational attainments will be accepted for a course of training for nurses in the Post Graduate Training School for Nurses on presentation of the proper credentials and references. No tuition is charged and room and board are furnished free. Course is thirty months. Diploma is granted at graduation which is recognized by the state.

**Address: FRANKLIN H. MARTIN, M. D., SECRETARY**  
2400 Dearborn Street - - CHICAGO

Mis Helen Forsyth, lady superintendent, of the Toronto Hospital for Incurables, has returned to her duties at the Hospital after a brief holiday.

The regular monthly meeting of the Grace Hospital Alumnae Association will be held in the Nurses' Residence, 216 Huron St., the second Tuesday of every month.

Miss T. Trigge, of Toronto, graduate of New York Infirmary for Women and Children (Class '05), has resigned her position in the N. Y. Board of Health Department and accepted the position of surgical nurse at the John Wells Memorial Hospital, New Brunswick, N.J.

The graduating exercises of the training school in connection with the Queen Victoria Memorial Hospital, Swan River, Man., were held in the Presbyterian church on March 1st. Miss A. J. Fraser and Miss F. E. Sinclair received their diplomas and medals. Short, interesting addresses were given by the Mayor, Mr. S. R. Wright, the president of the board of directors, Mr. R. G. Taylor, the superintendent, Mrs. Mounsey and others, after which an informal reception was held. An excellent musical programme was rendered and refreshments served. A large number were present and an enjoyable evening was spent.

The third monthly meeting of the G.H.N.A. was held in the Nurses' Residence, Huron St., Toronto, on March 9th. The president, Mrs. Macquoid, presided. Dr. MacMurchy read one of Mathew Arnold's wonderful poems, "St. Brandan," as the starting point of a most interesting address, and one which cannot help but be beneficial on "The Importance of Little Things." The speaker dwelt on the great helpfulness to others of little kindly acts in every day life, drawing attention to the fact that in the Book of all Books our Lord often drew attention to small things, the grass, the sparrows, the hairs of our heads etc. At the close of the address tea was served and a social chat enjoyed, after which the meeting was altogether of a business character.

The fourth annual meeting of the Toronto Western Hospital Alumni Association was held on Feb. 25th at 24 Roseberry Ave. Dr. John Hart gave a very instructive talk on "Things Neglected." The officers for the coming year are as follows:—President, Mrs. McConnell; 1st Vice-President, Miss Woodland; 2nd Vice-President, Miss Bowling; Recording Secretary, Miss Wilson; Corresponding Secretary, Miss Butchart; Treasurer, Miss Anderson; Visiting Committee, Mrs. Watson, Mrs. Bell, Miss Cooper; Journal Committee, Miss Kelly; Registry Committee, Miss Cook, Mrs. McArthur; Programme Committee, Misses Kelly, Jackson, Brett; Directors, Mrs. Yorke, Miss Bowling, Miss McAlpine.

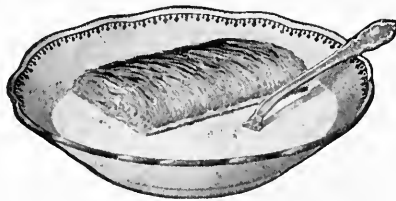
A letter from Miss Mayou, of the Deep Sea Mission Hospital, Harrington Harbor, Canadian Labrador, has just been received by our vice-president, Miss Christie. Miss Mayou says: "I always look forward to receiving our journal. It is a link between me in this isolated part of the Dominion and the busy world of nursing. It helps to keep me from being quite a back number. The first dog mail in the beginning of January will bring our Christmas letters. This will leave by the first dog mail for the west."

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This is a fact recognized by most physicians and qualified nurses, who recommend it frequently to convalescents.

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(1923)

Miss Georgie Rowan, a graduate of Grace Hospital, Toronto, who has just finished a post-graduate course at Bellevue and Allied Hospitals, New York, has been appointed assistant superintendent at Fordham Hospital, New York.

The new and beautiful Nurses' Residence, for Bellevue and Allied Hospitals, New York, has just been completed. The comfort and convenience of this residence will make the post-graduate course still more attractive.

The usual monthly meeting of the Canadian Nurses' Association was held in the Medico-Chirurgical Society's rooms on Tuesday evening, March 3rd, at 8 p.m. The meeting was well attended. Owing to the absence of the president, Miss Colquhoun occupied the chair. The minutes of the last meeting were read and adopted.

Two candidates were proposed for membership.

It was announced that a cordial invitation had been received from Miss Livingston, Lady Superintendent of the Montreal General Hospital, for the members of C. N. A. to attend a meeting of St. Barnabas' Guild, at which Bishop Farthing will address the order. After all business was transacted, a very enjoyable lecture was delivered by Dr Ritchie England, subject being "Reproduction." It varied considerably from the general routine of "Surgical Emergencies," "Disease, its Cause, Etc.," and the relation and duty of the nurse in such cases. The doctor opened her remarks by reading part of the first chapter of Genesis, showing from the beginning God made male and female in everything, and it is not for our small minds to question, for "God saw that it was good." It was most interesting, as the speaker went on to show how fertilization was produced in plants, flowers, fruits, etc., and also in fish and fowls, up to the human being. A general vote of thanks was tendered Dr. Ritchie England for her most instructive lecture, which was fully appreciated by all present.

After a social cup of coffee the meeting was brought to a close.

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### MARRIED.

Newbigging-Bennet.—At Maplewood Farm, Newry, Ont., on Wednesday, Feb. 24th, 1909, by the Rev. A. MacVicar, Atwood, James Newbigging, of Elma, to Jennie H. Bennett. Mrs. Newbigging was a graduate of the Guelph General Hospital (Class 1902).

Irwin-Kilner.—At the home of the bride's parents, Fergus, on Saturday, March 13th, 1909, by the Rev. Mr. King, Annie Elizabeth, daughter of Mr. and Mrs. Chas Kilner, to Mr. Richard Irwin, of Holstein, Ont. Mrs. Irwin graduated from the Royal Alexandra Hospital, Fergus, in 1906.

Black-MacFadden.—At Waldemar, on February 23rd, 1909, Miss Catherine B. MacFadden to William J. Black, of Amaranth. Mrs. Black graduated from the Royal Alexandra Hospital, Fergus, in 1905.



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### DEATHS.

Staples—On February 6th, at her home in Ingersoll, Miss Myrtle Staples, graduate of the Owen Sound General and Marine Hospital (Class '05). Superintendent and sister graduates offer deepest sympathy to her parents and relations.

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### WELLAND COUNTY GENERAL HOSPITAL. .

Our contemporary, the Welland Telegraph, contains a most interesting account of the Welland County General Hospital with portraits of the Lieutenant-Governor and Mr. W. E. Phin, president of the Hospital. Our readers will remember that an account of the building appeared in our last number.

The function was given official dignity by the presence of His Honor Col. Gibson, Lieutenant Governor, who performed the duty of declaring the hospital open. The speeches of the afternoon, while few, were likewise brief and exceptionally good. President W. E. Phin was in the chair, and on the platform beside him were His Honor, Hon. R. Harcourt, Dr. R. W. Bruce Smith, Superintendent of Hospitals and Public Charities, Miss Snively, head of the training school for nurses in connection Toronto General Hospital, R. McLaren, president of the St. Catharines General and Marine Hospital, Rev. Mr. Thompson, Col. L. Clarke Raymond.

#### The President's Address.

Mr. Phin, on opening, expressed his pleasure at being permitted to welcome so large and representative a gathering of people interested in the new County Hospital, and his gratification at having present His Honor Col. Gibson. Mr. Phin traced the growth of the hospital enterprise. Two years ago at a meeting held in the town hall it was decided that it was possible to build a hospital in Welland. Following this, subscriptions were obtained to the amount of five thousand dollars. The ladies then organized and held a Fair of Nations that netted about five thousand dollars. The county then gave a thousand dollars and the town of Welland another thousand. Competitive plans were called for and the award was made to Langley & Howland of Toronto, whose plans were used. The contract was let to P. S. Peacock for \$20,400. The building, with the architect's fees, represented a value of \$21,000, and the furnishings were worth four thousand more. The total value represented \$25,250. The site was donated by Hugh A. Rose and the Morwood estate.

The hospital had been designed for the accommodation of thirty beds, and was one of the most modern and best equipped in the province.

To build the hospital was one thing, but to manage and maintain it was quite another. He felt the board had been fortunate in securing Miss Moore of Brockville as superintendent, and Miss Regan of Oakville as head nurse.

Rates in the public wards would be \$4.90 a week, which was about half the actual cost. Contributions would be necessary for maintenance. The county should give a thousand a year, the town the same and a like amount

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more thoroughly and promptly than any other form of iron, because it is, at once, palatable, bland, free from astringency and devoid of constipating effect.

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from the manufacturers. He thought there would be no difficulty on that score, for already one manufacturer was pledged to \$500 a year without any conditions attached. In this hospital the people had something to be proud of and he hoped the people would patronize it when they were sick and support it when they were well.

The Lieut.-Governor's address was a fine effort. "I have been through your hospital from foundation to roof," said Col. Gibson, when he rose, "and I assure you I am greatly pleased. When I heard of your enterprise two years ago I did not expect a result so entirely creditable as this. We have heard that the ladies played an important part. Those who have viewed works of charity in this country as I viewed them as a Minister of the Government, will recognize the fact that in these good works the ladies are always foremost or at least shoulder to shoulder with the men. Charities would never attain a foothold were it not so. Men are engaged in business from morning to night, and I sometimes think they are mistaken in that."

Dr. Smith, in an excellent address, pointed out that at a meeting of the American Hospital Association in Toronto, in September, the question of the cost of Hospitals came up, and the consensus of opinion was that a 30 bed hospital could not be built for less than \$1,000 to \$1,200 per bed. The Welland Hospital has been built for less than \$900 per bed, and everything was of the best. The total number of hospital patients treated in Ontario last year was 47,000. Twenty-five years ago it was only 4,200.

Other speakers were Hon. Richard Harcourt, Col. L. C. Raymond, Miss Snively, President McLaren of the St. Catharines Hospital and Rev. Mr. Thompson.

### Notes.

The beds were made in the Central Prison, all white enamel but one. That one has a brass top.

Chandler, Ingram & Bell, of Toronto, made the hospital the present of a portable dressing case of the most approved style.

The Women's Hospital Auxiliary has expended over nine hundred dollars in purchasing linen and other supplies for the hospital.

Mrs. Burgar, Mrs. Garner, Mrs. Howell, Mrs. Colbeck and Mrs. Binns, wives of the local doctors, dispensed tea and coffee in the dining-room, while a bevy of young ladies of town waited on the hosts of visitors and townspeople.

The visitors were received at the entrance to the hospital by Mrs. W. M. German, Hon. President of the Auxiliary; Mrs. Wells, 1st Vice-President; Mrs. Phin, 2nd Vice-President; Miss Margaret Hagar, Secretary, assisted by the ladies of the board.

On this happy occasion, the opening of the new County General Hospital, the Women's Auxiliary desire to thank the many throughout the county who so liberally have helped them in the two years of their organization. Since April, 1907, the Auxiliary has raised, with the assistance of the many county friends, \$7,160. Of this \$4,000 have gone towards the building fund of the hospital, and hundreds of dollars have been spent for furnishings.

Mrs. Charles Burgues, of Titusville, mother of Mrs. T. J. Dillon, has



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Dominion Government analysis demonstrates Jersey Cream 13% richer than any brand sold in Canada.

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DILATES and FLUSHES the vaginal passage with a volume of whirling fluid which SMOOTHS OUT THE FOLDS and PERMITS THE INJECTION TO COME IN CONTACT WITH ITS ENTIRE SURFACE, INSTANTLY DISSOLVING and WASHING OUT ALL SECRETIONS AND DISCHARGES.

Physicians should recommend the MARVEL SYRINGE in all cases of LEUCORRHOEA, VAGINITIS and all WOMB TROUBLES, as it is warranted to give entire satisfaction.

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made a handsome gift of one hundred dollars' worth of surgical instruments for the hospital. This has been supplemented by another hundred dollars' worth from two local doctors, and further additions are yet to be made.

Visitors to the hospital could not but have noted the furnishings of the superintendent's room—chairs, table, leather covered couch and rug. It may surprise many to read that these, as well as the handsome picture in the hall, were purchased by the Willing Workers, that band of little women who served so industriously under the direction of Mrs. H. L. Beatty, last year. The Willing Workers have done an excellent work and the result of their activities must be deeply appreciated by those interested in the hospital.

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### MEETING OF THE GUILD OF ST. BARNABAS

The March meeting of the Guild of St. Barnabas was held in the oratory of St. James' Rectory on Friday evening, March 26th, at 8 o'clock. One of the members of the staff of "The Canadian Nurse" was present, and came home with one regret. That regret was that all the staff and the whole Editorial Board were not there also. She says that the quiet of the evening hour, the starlit night outside, and the early Easter moon riding high in the heavens, while the cathedral chimes came floating into the Oratory, all made an impressive, simple, yet beautiful service, touching to the eye, the ear and the heart. Canon Welch, the chaplain of the Toronto Branch, read the office and delivered a brief address on some of our difficulties in connection with Prayer. The address was listened to with deep attention.

It is a great privilege to attend these meetings. Pupil nurses as well as graduates are welcome to come and, indeed, are expected.

The next meeting will be held at Grace Hospital on Friday, April 30, and the rooms of the Nurses' Residence, corner Huron and Division Streets, have kindly been placed at the disposal of the Guild by the superintendent, Miss Scott. The meeting will be sure to be a delightful one, and all our readers are invited to be present. The Superior, Mrs. Welch, and the Chaplain, Rev. Canon Welch are both expected to be present.

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(Inflammation's  
Antidote)



Applied from ear to ear as hot as can be borne comfortably by the patient, depletes the enlarged lymph glands, guards against the passage of toxins into the circulation and reduces the liability of Mastoiditis, Middle Ear and Laryngeal complications in Tonsillitis, Scarlatina and other diseases of similar nature.

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## The Nurse's Library

"The Baby," by Dr. D. R. Brown, of Salem, Mass. (Boston, Whitcomb and Burrows) is a little book for mothers and nurses. There are many good things in it, and the book will certainly be a useful one for doctors to recommend to their patients. We do not quite agree with the author's ideas about sterilizing milk, but on the whole, we have pleasure in recommending the book to our readers.

We trust that our readers have already tested for themselves the excellent cook book reviewed last month on this page, "The Canadian Cook Book." Copies may be ordered from the compiler, Miss Bowerman, at the address, 644 Spadina Ave. Price \$1.25.

One of the most charming, sincere, and real of recent novels is written by a Canadian, who has of late years resided in England, Miss Lily Dougall. "The Pathis of the Righteous," (London, Macmillan & Co.), is the story of a Canadian's return, to England with great wealth. The character of the man, Mr. Ward, is drawn with great skill and he is a most lovable character. His wife is his counterpart, and the story is one of the best any nurse could read either to herself or her patient.

The fourth annual report of Brehmer Rest at Ste. Agatha des Monts, near Montreal, is rendered doubly interesting by an account of the addresses delivered by Dr. Roddick and by Dr. Pannwitz and Dr. Freund, who were delegates to the International Tuberculosis Congress at Washington, and visited Montreal on their return. The former is the secretary of the German Red Cross Society and of the International Tuberculosis Association, and the latter the originator of the great German scheme of life insurance for working men and women.

We have received copies of the annual report of the Episcopal Eye, Ear and Throat Hospital, of Washington, D.C., of which Miss Hodgson has just been appointed superintendent, and of the Babies' Hospital, of New York, (Superintendent, Miss M. A. Smith, formerly of Toronto).

The April Delineator, already displayed in many shop windows, and eagerly scanned by thousands of readers, appears in an enlarged form. Much interest attaches to the special articles on "The Children's Conference," "American Girls and American Colleges," "What Life Insurance Really Means." The fiction is also excellent, being the work of F. Marion Crawford, Theodosia Garrison (better known as the author of several beautiful poems) and others.





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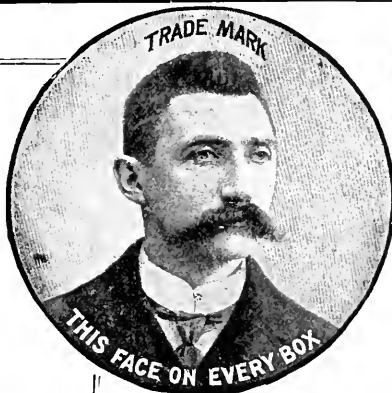
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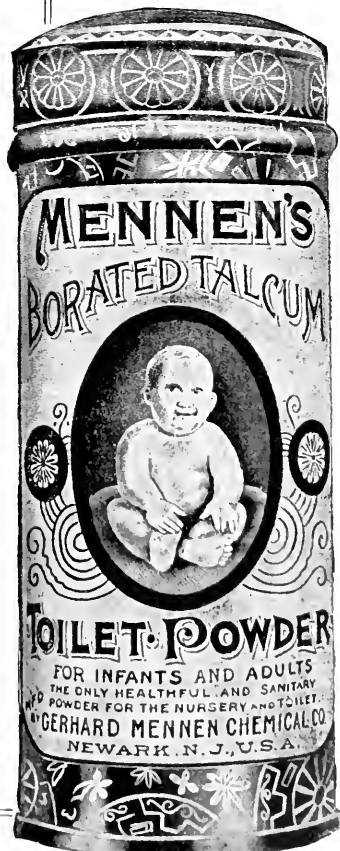
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The Executive Committee wishes to make the annual meeting of the Association, which takes place on May 22nd, as interesting as possible, particularly to those doing private nursing. Problems which relate to hospital and training school management can be discussed at the meetings of the Superintendents' Societies, and the G. N. A. O. was organized to be a help and inspiration to the private nurse. It is hoped that Miss de Witte's paper, "Some Problems of the Private Nurse," will be thoroughly discussed, and that the members will express their views freely on points brought out. Miss Eastwood will give a short paper on "Registration," and as no nurse in Ontario has a better knowledge of that subject than Miss Eastwood, this will be interesting to everybody. It is also proposed to have a "Question Drawer" of which Miss A. I. Robinson, of Galt, Ont., has kindly consented to take charge. Questions may be sent to Miss Robinson, or to either of the secretaries, at any time before the meeting. Miss Brent is arranging for some demonstrations to be given, the subjects of which will be announced later. It is proposed to have two sessions, probably afternoon and evening, and this will give ample time for a very interesting programme to be given.

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## Publisher's Department

### CATAPLASM OF KAOLIN.

By Paul Caldwell.

Probably no preparation of the pharmacopoeia has received so much attention from pharmacists as the cataplasm of kaolin. As yet there seems to be no one who has been able to so manipulate the official formula for it so as to produce a satisfactory product. I have before me extracts from papers on it, written by six different men eminent in pharmacy, and no two of them agree on a plan of procedure and only one is of the opinion that the pharmacopoeia is right.—Abstracted from the Druggists' Circular.

It is a matter of small moment whether or not pharmacists can make this preparation, as it is at best but a poor imitation of anthiphlogistine, for which it is recommended as a substitute. Up to date no one has successfully imitated a \$20 gold piece and the same may be said of anthiphlogistine. As long as the Denver Chemical Mfg. Company maintains the high standard it has set for its product there will be little necessity for the druggist to worry over methods of manufacturing cataplasm of kaolin.—Ed.

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The new School of Massage, opened Dec. 1st, 1908, by Dr. Judrum Holm, at 723 Lexington Ave., New York City, has met with a very gratifying success. The first graduating exercises will take place in March. Ever since Dr. Holm came to America she has fostered the idea of opening a place where poor people could receive, absolutely free, or for a very small fee, good and scientific massage treatments. Her wish is fulfilled now:

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Dr. William Egbert Robertson, Associate Professor of Medicine at the Medico-Chirurgical College, has been engaged by the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, (Inc.), 1711 Green Street, Philadelphia, as lecturer in Anatomy, Physiology and Pathology to the nurses taking the courses in Massage, Gymnastics, Electro and Hydro-Therapy at this institution.

Miss Bertha J. Willoughby, Seeley's Bay, Ontario Canada, a graduate of the Kingston General Hospital, Kingston, Canada, has returned to Kingston to fill the position of head nurse at the Kingston General Hospital after completing the courses in the Swedish system of Massage, Medical Gymnastics, Electricity and Hydro-Therapy at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, (Inc.), 1711 Green Street Philadelphia.

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# The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

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## THE EVOLUTION OF SURGICAL TECHNIQUE DURING THE LAST HALF CENTURY.

Mr. President, Members of the Canadian Hospital Association, Ladies and Gentlemen:

There are three discoveries in the history of surgery which are of paramount importance. One was when Ambrose Pare substituted the ligature for the red hot knife and cautery; a second was when Morton demonstrated that human beings could be operated on painlessly under the influence of anaesthetics, and the third, and last, when Lister, founding upon the researches of Pasteur introduced the antiseptic principle in wound treatment.

The discovery of ether and chloroform brought with it great changes. Patients anxious for relief from pain submitted more readily to operation now than formerly. New operations were devised and carried into effect. As the field of surgery widened the disappointments to the surgeon increased. Nearly every wound became infected; as a result the patient either succumbed or after months of pain finally recovered. It is impossible to find words, adequate to describe the condition of the patients in the surgical wards of hospitals prior to the days of antiseptics. In one corner of the ward there was a patient whose teeth were chattering from the chills of Pyaemia; near by was the bright red shining face of Erysipelas; a little farther over was a patient in the death agony from Tetanus; still farther down was a patient suffering from Moist Gangrene. Pus was streaming from every wound. The very air was alive with pathogenic germs. The stench of the wards was so bad that many a student fainted on entering them. Healing by first intention was so uncommon that, when it did occur, it was attributed to some freak of nature.

Many surgeons still clung to the idea that balsams, lotions, etc., were necessary for the proper healing of wounds. However, Syme, of Edinburgh, recognized the fact that union of the tissues depended on some living power in them. This surgeon recommended the tying of large arteries with long well waxed silk ligatures. The ends of the ligature were left long for the proper drainage of the wound. The skin was sutured with silver wire as recommended by Sims in 1857. As soon as suppuration began the lint which had been placed over the wound was soaked off. Condy's fluid was used to irrigate the wound. Union never occurred till the silk ligatures had sloughed off.

Sir James Y. Simpson, thinking these long silk ligatures were the cause of all the infections, recommended the compression of arteries by needles. By this method immediate union occasionally occurred.

This was the state of the Glasgow Infirmary when Lord Lister was appointed Surgeon in 1860. Prior to his coming to Glasgow, he had begun investigations into the nature and cause of suppuration of wounds. For some time he had taught that this condition was caused by decomposition of blood and serum brought about by the action of minute particles suspended in the air.

About this time the researches of Pasteur on fermentation and putrefaction were published. In these he demonstrated that this was not due to oxygen or gaseous constituent, that air owed this property of producing putrefaction but to minute particles suspended in it. Pasteur further stated that normal healthy tissues are devoid of bacteria. It is upon this postulate that the science of bacteriology is based. It is to this assertion we owe the greatest advance in Surgical Technique the world has ever known. It has led to the saving of multitudes of lives; upon it Lord Lister based his antiseptic treatment. From this has developed the antiseptic era. In fact the whole modern treatment of wounds has been determined and evolved from the assumption that normal tissues are free from germs, and hence, if germs from without are prevented from entering the wound it will heal by first intention.

For some time Lister had advocated the frequent washing of the hands of the surgeon and his assistants and also the frequent dressing of suppurating wounds. In the Infirmary, he continued this work with greater zeal than ever. Stimulated by the facts gleaned from the lately published researches of Pasteur he continued his work on antiseptics. The results of his further investigations are best told in his own words. "In the course of an extended investigation into the nature of inflammation and the healthy and morbid conditions of the blood in relation to it, I arrived several years ago at the conclusion that the essential cause of suppuration in wounds is decomposition brought about by the atmosphere upon blood or serum retained within them; and in the case of contused wounds upon portions of tissue destroyed by the violence of injury. To prevent the occurrence of suppuration with all its attendant risks, was an object manifestly desirable, but till lately apparently unattainable, since it seemed hopeless to exclude the oxygen of the air which was universally regarded as the agent by which putrefaction was effected. But when it had been shown by the researches of Pasteur that the septic properties of the atmosphere depended not on oxygen or any gaseous constituent, but on the minute organisms suspended in it, which owed their energy to their vitality, it occurred to me that decomposition in the injured part might be avoided without excluding the air, by applying as a dressing some material capable of destroying the life of the floating particles.

What was to be the material? How was it to be applied? The great master had heard that carbolic acid had been used to disinfect the sewage used on the lands at Carlisle. So successful was this substance in its work that it destroyed the odor and prevented the cattle from becoming infected by destroying the entozoa. At first this substance was supplied in a very crude form. This crude drug as Lister taught was insoluble in water.

His first practical attempt at antiseptis consisted in withdrawing a compound fracture from the action of these germs. He recognized that without cutting off the air supply he was able to transform the compound fracture into a centre similar to that of a simple fracture. To free the wound from microbes was sufficient. Lister removed those that collected in it and prevented others from entering the wound subsequently. Thus he was able to withdraw it from those infections of wounds which had led to such a large mortality. The use of antiseptic materials, that is those substances which destroy germs, became the foundation of his method. For this purpose he used carbolic acid.

In the case of the compound fracture spoken of above, Lister used a piece of calico soaked in carbolic acid to touch the wound and its interstices. Two layers of lint were laid over the wound. To keep the parts germ free the lint was kept moist by occasionally painting it with carbolic acid.

He also observed at this time that the dead tissues and blood clots were replaced by healthy tissue. It was this fact that afterwards suggested the idea of the catgut ligature.

The next step in the pathway of antiseptis was the use of carbolic oil in rendering aseptic the skin over a psoas abscess. A piece of lint saturated in carbolic oil was placed over the abscess. One edge was lifted up, the skin incised and the pus evacuated. Then this mixture of pus and carbolic oil was used as a dressing over the abscess. In a short time only a few drops of serum exuded from the cavity. There was no more pus with which to mix the acid so Lister conceived the idea of making a putty. For this purpose he mixed carbolic oil and whiting in a mortar. This putty was spread on a piece of calico and applied over the wound. Over this was placed a piece of block tin held in position by adhesive straps.

The use of this putty was attended with so many practical inconveniences that Lister substituted a protective dressing consisting of a mixture of one part carbolic acid in four of shellac spread on a piece of calico and painted over with a solution of India rubber in benzine.

Up to this time Lister had used lint to drain abscesses, etc. One day, on removing a piece of this substance from an auxiliary abscess there was such a free discharge of pus that he thought the lint obstructed the drainage. A piece of rubber tubing was taken from a Richardson's spray producer; after cutting holes along the tube, it was inserted into the wound. The next morning, he found the cavity had drained so well that there were only a few drops of serum. Thus the drainage tube was introduced to surgery.

When carbolic acid in its purer form was supplied the great master found it was soluble in about twenty parts of water. Having applied this solution to a putrid sore, next day he found that the odor was gone; and hence he decided to use this weaker solution to cleanse the hands, the skin around the wound as well as for the disinfecting of instruments. He did this because he knew that antiseptics not only destroyed germs, but also injured the cells of the tissues.

Prior to this time waxed-silk ligatures had been used to ligate the larger

arteries, while the smaller ones were twisted. Not one of the wounds in which these ligatures were used healed till they had sloughed away.

On December 12th, 1867, Lister ligated the carotid of a horse with a silk ligature which had been soaked for some time in carbolic solution. So successful was this operation that he felt justified when the opportunity presented itself, some six weeks later, to tie the external iliac artery of a woman for aneurism of the common femoral. So successful was this attempt that the patient left the hospital in six weeks. In about one year afterwards this patient died from rupture of an aortic aneurism. He found on examining his work that enclosed in a thin capsule of tissue there were a few drops of pus. Not considering this sufficiently satisfactory and safe to continue its use he set to work to find an absorbable ligature.

In 1868 he took a few strands of the peritoneum from the intestines of an ox, also some fine catgut and ligated the carotid of a calf. One month subsequently he examined his work and found the catgut and other tissues had been absorbed and in its place normal tissue had developed, thus strengthening the arteries. Thus absorbable ligatures came into use.

In some places instead of non-absorbent dressings they were using oak-um, an absorbent dressing. It was the use of this dressing that suggested to the great teacher the employment of gauze in the practice of surgery.

The material selected by him and still used all over the world, either impregnated with some antiseptic material or sterilized by heat, was "book muslin." At first this was charged with resin, paraffin and carbolic acid.

In the early Eighties Koch had drawn attention to the value of bichloride of mercury as a germicide.

After experimenting with bichloride, Lister found that gauze impregnated with this substance was better than carbolic gauze since the latter soon lost its carbolic and thus was useless, while the former gauze retained its antiseptic properties because bichloride was not volatile. The great master next used sal alembroth gauze. But this proved too irritating to wounds so he next used gauze impregnated with the double cyanide of mercury with zinc. This dressing proved so satisfactory that it has continued to be used up to the present time.

The results of Lister's work during this time are best described by Sir Hector Cameron in the following words:—"Wounds were found to heal without suppuration or constitutional disturbances; compound fractures and dislocations were robbed of their former dangers which surrounded them; large chronic abscesses connected with bone diseases proved no longer to be incurable even when occurring in the adult; arterial trunks were ligatured in their continuity without fear of secondary hemorrhage or other mishap; joints opened, whether by accident or the surgeon's knife, healed without a disquieting symptom; ununited fractures were treated boldly by removing the ends of the fragments in open wounds; incursions were made with success into departments of practice which up to that date were looked upon as forbidden grounds."

Thus the technique of surgery was established on a sound, scientific basis. It had evolved from a state of empiricism to that of well-grounded



truth. The uncertainty which enshrouded surgery prior to Lister's time is well expressed by Ambrose Pare's statement, "I dressed him, God healed him."

In the year 1888 Robert Koch announced and proved by indisputable evidence that the germs of the air were mainly innocuous. After thoroughly satisfying himself as to the correctness of this statement Lister abandoned the antiseptic spray.

For some years disciples of Lister had been using the antiseptic principles in the treatment of wounds. Many of these carried this treatment too far. Some poured whole kettles full of carbolic solution over wounds, thinking if a little killed some germs, a quantity would kill more. The excessive use of antiseptics in many case was followed by toxic effects. As a consequence they gradually grew in disfavor. As a substitute for them heat was used to sterilize instruments and dressings. Thus the antiseptic era was ushered in by Lister himself, for he was the first to use a dressing sterilized by heat.

Notwithstanding the mighty upheaval made in surgery by the dawn of antiseptics it was not to rest on its achievements. Progress was its watch-word.

By this method the field of operation, surgeons' hands, instruments, dressings, etc., are disinfected, by mechanical washing, scrubbing, and by antiseptic solutions and sterilization by heat. The methods of procedure are too well-known to every one engaged in this work for me to occupy valuable time detailing them. Under the conscientious practice of the aseptic method the skull and abdomen are opened. Even that delicate structure the heart has been operated on with success, thus saving scores of lives from what would prove inevitable death. The success of these operations are all the result of a careful operative technique. Thus surgery has passed from the night of infection and empiricism to the dawn of antisepsis and certainty; from antisepsis, with its limited field of operation, to the glorious noon day of asepsis, with its broad operative field.

Kingston.

H. A. BOYD.

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### INADVISABILITY OF TRAINING A NURSE FOR ONE YEAR IN A SMALL HOSPITAL, WITH THE IDEA OF HAVING HER COMPLETE HER COURSE IN A LARGE ONE.\*

Last year, at our convention held here in Toronto, a very helpful paper was presented by Dr. Hurd, of Baltimore—subject: "The proper period of training for nurses."

He told us that the conclusions which he had reached, after much thought, were briefly as follows:—

"A course of three years is advisable, only, where shorter hours of service have been established, and where the hospital is large enough to give a good training in all branches of nursing.

In the matter of training, the large and small hospitals should combine and co-operate to supply the deficiencies of each other.

\* Read before the Canadian Hospital Association.

Many of the smaller hospitals should content themselves with giving a preliminary course, preparatory to admission to a larger hospital.

To take young women for two or three years' training in a small hospital, is unjust to the pupil nurse and also to the public.

Such nurses should be passed on after one year, to larger hospitals with more patients and larger opportunities of training.

In any educational system, the grammar school precedes the high school, the high school precedes the college."

This question of the affiliation of training schools is a very serious one, and, as Superintendent of a small hospital, I would like to enter a protest against the plan formulated by Dr. Hurd.

With reference to the last clause, in which he refers to graded schools, I might say that I do not consider the cases at all parallel.

The primary object of the hospital is the care of the sick, and this is true of the small institution, as well as of the larger one.

A case of typhoid fever or pneumonia is of as vital importance in a town as in a city, and requires just as efficient care. An obstetrical case needs the same attention in a hospital of thirty beds, as in one of two hundred, but if our nurses are to be taken from us at the end of one year of service, to continue their training elsewhere, what is to become of our sick? Are they to be relegated to the care of probationers and junior nurses?

In most cases small hospitals have not much money at their disposal, and it is not possible, nor is it desirable, to install graduates in every department of their work. This work can be done, and to my mind done just as efficiently by our own nurses in their third year of training, and by retaining them in the school, we secure a permanent nursing staff; a staff that will be loyal to their own school; a staff in whom, Superintendent, Hospital Board and Medical Board take a deep and lasting interest. I cannot but think that affiliation with other training schools would prove detrimental to the interests of the small hospital. Besides, I think that the smaller schools have, in the past, proved to those interested, their ability to send out nurses who are able to take their place, side by side with their sisters from the larger schools.

Then why not allow us to give a complete course?

To my mind an ideal course of training (and when I make this statement I scarcely expect it to pass unchallenged) is that of a three years' course in a small hospital and that training supplemented through a position in a large hospital. I do not say a post-graduate course, as I have not found that very satisfactory. A nurse who has graduated from a hospital, which although small, has given a training in all the branches of general nursing, taught in a large one, objects very strenuously when she is asked to spend her time, yes, I might say waste her time in doing again that class of work she has been teaching in her own school.

A great deal has been said and written concerning the length of time nurses should serve in our hospitals, the arrangements of work, and the subjects taught, but the conditions met with in hospitals are so varied that each superintendent must solve many problems for herself. I would like

to outline briefly, my method of dealing with a class of nurses in a small hospital:

Take a hospital of thirty to thirty-five beds, I would ask for a class of fifteen nurses in training, and one graduate who has charge of the operating room and surgical work. In the domestic department, a cook, a laundress, a sufficient number of ward maids to do the work of the house, and a man who can, when required, act as orderly.

Our probationers come to us one at a time as required, and as we have no properly equipped diet-kitchens or demonstrating room, they are taken at once to the wards. The superintendent, coming as she does in daily and almost hourly contact with her nurses can readily estimate their qualifications, and at the end of two months' probation, and often before, will know whether the material is there that can be trained into a competent nurse.

And just here I might say that at one of our meetings lately, it was suggested that the superintendent of the small hospital might find material for her training school from among those rejected by the larger schools. Again, I say no! I think we need the best, as our pupil nurses are placed in positions of responsibility, such as do not fall to the lot of those training in the larger schools.

Having selected the best material, our aim should be to mark well any special qualification each nurse may have, and keep it in mind while developing her along every line. One who comes to us seems specially qualified for the sick room, with no marked ability for successful management. She is advised to confine herself to private duty. Another, by her deftness, and love of operating-room work is marked for a position as surgical nurse in a larger hospital. Another shows marked executive ability, with an aptitude to teach. In her we see the superintendent of a hospital or training school.

Fifteen nurses may seem a large staff to care for thirty or thirty-five patients, but if we have for treatment medical, surgical and obstetrical cases, we will be able to give sufficient work to each. Again, the nurses are not overworked, and there is no need for adopting shorter hours of service.

It is not my purpose to follow a nurse through her first two years of service on the hospital wards, but suffice it to say that by the end of her second year she has been carefully trained in medical, surgical and obstetrical nursing. She is now ready to accept a position of responsibility in the hospital.

The first place assigned to her is the kitchen, where she has charge of the dietary, cooking all special dishes required, supervising the help, giving out supplies from the stores, marketing, preparing requisitions for supplies, etc.

At the end of two months she is brought back to the wards and given charge of the medical department. Here she is expected to have a thorough knowledge of her patients and of their treatment. She teaches and trains the nurse who assists her in her special branch of nursing. In short, she is held responsible for everything pertaining to her ward.

The next two months are spent in charge of the surgical and obstetrical

department. Here of course she prepares and sterilizes all supplies, acts as surgeon's assistant during operations, attends to all dressings, and in the obstetrical department has charge of mother and child.

Two months as night-supervisor follow, and two months spent in the superintendent's office and the pharmacy. While here she receives visitors, records the reception and discharge of patients, gives reports of patients' condition to physician in charge. Receives and records all telephone orders, makes up prescriptions.

These two months spent in close relationship with her superintendent may prove of untold value to the nurse. They stand together as a new patient is being received, and she marks the courtesy and kindness shown to all alike; to the poor woman, bringing in her hand only a "town order," as well as to the person of prominence. She notes the little manifestation of sympathy, which does so much to win the confidence and quiet the alarms of the sick one. She learns to discriminate between the visitor, prompted by curiosity or a desire to while away an idle hour, and the anxious, sympathetic friend whose visit would also prove hurtful. She learn to be patient and tactful with each.

As she accompanies the superintendent on her rounds, her powers of observation can be trained and quickened. And then the minutes alone together in the office are not lost. To-day, a helpful magazine article read aloud by the nurse and discussed. To-morrow, the nurse called from the operating room and the last operative case talked over. Again, Dr. A's treatment of that case of pneumonia, the drugs ordered and results to be looked for. A great many subjects that come under the head of nursing ethics can be taught in this way. No formal lectures given, but quiet talks of fifteen or thirty minutes' duration.

Our nurse is now ready for private duty. One nurse should always be available to respond to a call by the physician. This experience I deem very valuable to the nurse-in-training as well as a source of income to the hospital.

It seems to me that a course of training such as I have outlined will fit any young woman, who has to begin with the qualifications required by a nurse to take her place in the nursing world, either as a private nurse, as head of a department in a hospital, or as superintendent of a small hospital or training school.

However, I do not seek to discount the great value to a nurse an additional training in a large hospital might be, if, instead of merely covering the ground already gone over, it marked a real advance, and if it be given after three years' training in a small hospital.

M. M. MILLER.

Lindsay.

### \*SURGICAL TUBERCULOSIS.

I would preface my remarks upon these clinical forms of tuberculosis which are included in the category of surgical affections by expressing my thanks to the Executive of the Canadian Hospital Association for their courtesy in extending to me an invitation to address this meeting.

During the past few years a vast amount of thought and energy has been expended by governments, federal, provincial and municipal; by charity organizations; by church societies and district visitors; by hospital authorities, both lay and professional, and by bacteriologists of note; in the perfection of methods for the detection and care of those suffering from pulmonary tuberculosis and for the protection of the community at large. As the impelling force in this vast movement had its origin in the recognition of the transmissibility of this disease, I have been impressed with the scant attention generally accorded tuberculosis infections other than pulmonary, viewed in the light of their undoubtedly infectious nature.

The treatment of pulmonary disease depends for its success primarily upon the carrying out of certain hygienic and dietetic measures, and, owing to the vivid illumination of this phase of tuberculosis, the results achieved have probably been better on the whole than those obtained in the treatment of such surgical infections as have not been subjected to radical operative measures. I can not help thinking that this lesser success is a direct result of the failure to apply to the treatment of surgical infections the regimen prescribed for pulmonary cases,—rest, forced feeding and outside air.

As a starting point let us review the ward history of the average case of tuberculous hip-joint disease complicated with sinus formation. As soon as possible after admission to the general surgical ward, that is, as soon as the routine connected with acute operative cases and the exactions or emergencies permit, the individual is skiagraphed and the necessary fixation or extension apparatus ordered by the attending surgeon; dressing of the sinus is carried out, and the diet prescribed. Then follows an indefinite period of unavoidable delay while the apparatus is being selected or made, during which time the patient lies in the general ward and partakes with his fellows of the best air which the location and season or the ventilating equipment provides—air which is doubtless of a standard of purity sufficiently sustaining to the average individual not suffering from tuberculosis. If it be during the cold weather, the patient is allowed to remain night and day in the public ward. At other times orders are given for him to be placed on the verandah during the day. To what extent are these orders carried out? Daily dressings are necessary, but, as we all know, in large general wards there is no fixed period at which this function is carried out, especially the dressing of chronic cases. Frequently the residue of daylight is too small to warrant the patient's removal to the gallery that day. In short, instead of the patient being brought in for dressing, he waits in for dressing. During the winter months, owing to the lack of proper protection, he objects to remaining out all day—probably the solitary occupant of the ver-

\* An address given before a meeting of the Canadian Hospital Association in Toronto, April 12th, 1909.

andah, and the fresh-air order of the chief or house-surgeon is not infrequently waived in the face of these remonstrances. On the other hand, if the order is enforced, the nurse finds the exposure a hardship, especially where a two-hour temperature has to be taken, and the practice is no doubt occasionally responsible for minor ailments among the nursing staff,—an additional influence tending to keep the patient indoors.

Again, if the discharge from the sinus or sinuses is profuse and curetting is necessary, for which an anaesthetic is administered, there is a temporary withdrawal of the normal food supply, and for some days, while in a lowered state of resistance, the patient is confined strictly to the ward.

The appetite gradually dwindles in spite of an extensive list of extras upon his diet card. Still later he becomes anaemic and a chalybeate is prescribed. Interest in his own progress perceptibly wanes until the chief joy of this "chronic" is the advent of an "acute" and only an ambulance case can rouse him to an elbow posture,—a state of mind which reflects very truly his depleted physical condition. In this way the winter months are dragged through,—with improvement, it is true, but an improvement which does not balance with our actual knowledge of how such cases should be treated nor our skill in treating them.

The patient whose history we have reviewed is much in the position of one of the impounded herd of Tolstoi's parable, in which a municipality of ukases enjoining the sowing of grass seed, the building of protecting sheds, the washing of udders and, finally, daily grooming, proved ineffectual in staying the gradual decrease in the milk supply, as the cardinal essential—the levelling of the pailings—was withheld. What these animals required was fresh brouse; what our patients require is outside air.

This element, air, is concerned in all forms of ventilation; it is to be found of a standard of purity suitable for therapeutic purposes, however, only on the outside of the four walls of the hospital ward. There it is "outside air," not to be enticed through the ventilators of double windows or forced through ventilating shafts. In other words, "outside air" can not be imported.

How can we best eliminate in the conduct of cases of this kind the odd ends which tend to invite failure or at least postponement of recovery? I am of the opinion that the first step in this direction must be the provision of special and separate accommodation:—an open pavilion or verandah equipped with canvas shields for protection against unsuitable weather conditions, where patients will be constantly in the fresh air. During the colder months dressings should be carried out in a heated apartment adjoining. The nurses in charge of the ward should be suitably clad for the season. An orderly should be always promptly available for the shifting of beds.

At night the patients should be moved into a comfortably heated ward, as it is probably Utopian to hope that the average individual may be induced to spend a winter's night in the open air, although I am personally convinced that with a proper equipment only comfort and an exalted feeling of well-being result from this procedure. As a matter of fact, to carry out open air treatment during the day in cold weather requires such a special equip-

ment;—that is, an impervious mattress (preferably of felt), flannelette blankets instead of sheets, a Jaeger or four-point blanket, an eiderdown duvet, and, occasionally, a hot-water bottle. The patient should wear flannelette pyjamas, warm socks, a warm bed-jacket and a light woollen toque. It is very essential that the coverings should be light. A weight of bed-clothing is most irksome and detracts from the benefits of the treatment. If protection against wind is provided, the equipment described is ample for winter weather where the temperature is 10 deg. F., or higher. Too much stress can not be laid upon the quality of the mattress. The patient can heat only the surface, and with most economy of heat energy that which lies beneath. Light coverings provide for proper body ventilation. The bed-clothing should be secured by means of blanket safety pins along one side and across the foot of the bed.

Under the plan proposed the serving of the mid-day meal during the colder months would be the chief obstacle. At this season, breakfast and the evening meal could be served indoors, and with sufficient assistance I am satisfied that the serving of the mid-day meal would not present insuperable difficulties.

Every precaution should be taken in the disposal of infected material. How frequently one sees tuberculous material, such as caseating glands, joint curettings, or dressings from sinus cases, treated as ordinary infected material and disposed of in the ordinary dressing tins, instead of being destroyed in the furnace! These casual methods show as little regard for the community, inside and outside, as the disposal of sputum by way of the sink.

In the regulation of the diet of this class of patient we are far in the wake of the physician. It is not enough to prescribe a liberal diet; it is necessary to see that the patient gets what is prescribed, that it is served in a palatable form, and finally, that it is consumed. I am confident that a liberal Providence, through the medium of a generous public, leaves little to be desired in the quality of the raw food stuffs supplied to our hospitals, but the source of cooks is a moot question, and I have often felt on inspecting the product of his or her art, as served in the hospital ward, that the patients partaking thereof were trusting largely to the uncovenanted mercies. There are undoubtedly good cooks abroad in the land, but unfortunately Hospital Boards of Management are apt to hold that a high-priced cook is out of place in a charitable institution. Tuberculous subjects, above all others require not only food in abundance but food which is properly cooked and served in an attractive form. These patients, in addition to three full meals a day, should be given at least half pint of milk between breakfast and the mid-day meal, at three o'clock in the afternoon, and before lights out. Raw eggs may be added. Such an extensive diet can be accepted only by those who are constantly in the outside air.

In order to appreciate the effect of fresh air and liberal feeding, the patients should be weighed once a week, and, as suggested by Doctor Joseph Pratt, of Boston, improvements in weight should be posted at regular

intervals as an incentive to those who cavil at the forced feeding and outdoor regimen.

While apart from operative measures the essentials in the conduct of these cases are rest, liberal feeding and fresh air, we have in tuberculin a valuable adjuvant. My personal experience has been chiefly with the use of that form known as Tuberculin Rest or the T. R. of commerce, administered in doses varying from  $1/3000$  to  $1/800$  of a milligram, according to the body weight, at intervals of ten days to two weeks,—the treatment extending over a period of six months to one year.

Where sinuses exist there is always a superadded pyogenic infection, which can be best combatted by the administration of an homologous bacterial vaccine.

With the expansion of a knowledge of the use of tuberculin there has been a marked diminution in the number of localized surgical infections subjected to operative interference. Until comparatively recently extensive resection of tuberculous glands was practised as a routine method. At the present time a large proportion of these cases are selected for treatment by more conservative methods and with decidedly better results. In the treatment of joint infections the resections of yore have been largely replaced by the employment of fixation apparatus, the use of Bier's bandage, puncture followed by the application of Klapp's suction cups, and the routine administration of tuberculin. Tuberculous peritonitis is now less frequently treated by incision and drainage; rest in the open air and a liberal diet offering in the majority of these cases a less unfavorable outlook.

In the treatment of surgical tuberculosis it is only a question of time when our hospitals will have to grapple with the family side of the problem. Bread-winners will not progress favorably if their minds are not relieved as to the maintenance of those dependent upon them. Mothers also must know that their children are not being neglected.

When discharged from the ward all patients, whether receiving tuberculin or not, should be instructed to report regularly at the out-patient department, and the names of those failing to do so should be referred to the district nurse for investigation. Cases of localized tuberculosis should not be allowed to return to the conditions under which the disease was contracted without an effort being made to discover and eliminate the source of infection or the predisposing factor, whether the latter be an undesirable occupation, insanitary housing, or a defective food supply. I would go a step further in expressing the opinion that all cases of localized tuberculosis should be reported. If such a process were legally enforced, these cases would be brought immediately under the eye of the civic authorities and the Tuberculosis League, and I am confident that in many instances evidence of infection in other members of the household would be detected. It is only by such careful supervision that relapses or metastases may be recognized early, that permanent cures may be effected, and that that millennium may be looked forward to when tuberculosis shall have become a comparatively rare affection.

There is nothing new in what I have put before you. The various ideas



here assembled have all passed through the crucible of criticism and emerged as truths which may now be safely engrafted upon the Tree of the Art of Healing. The method of treatment outlined would, I believe, lead to a very material curtailment of the average time of retention of these patients—an achievement most urgently to be desired and yielding a three-fold blessing; a lessening of the tale of suffering; an earlier resumption of wage-earning, education or domestic duties; and a broadening of an institution's scope of usefulness.

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### MANAGEMENT OF INFECTIOUS DISEASES.\*

In every infectious disease, very much may be accomplished in the way of prevention. Unfortunately in the majority of such diseases there is no specific, prophylactic treatment such as we have in smallpox. If such were the case, it would only be a matter of time until all infectious diseases would be exterminated from the category of medicine.

However, we must not overlook the value of anti-diphtheritic serum and vaccine therapy, and while we have not derived from them all that our expectations may have desired, still, there is no doubt but that a great field of research has been opened up, and ere long much may be accomplished which shall be of value from a practical standpoint.

Since we are not yet able to produce immunity against all forms of infectious diseases we must try and limit every focus of infection, and also try and prevent the germ carrier from mingling with the public.

To limit every focus of infection is not always such an easy matter, because:—1st. There is an absence of symptoms in a great many cases, and consequently the physician is not consulted. 2nd. The laity are often very ignorant of the importance of preventing contagion. If these difficulties could be overcome every infected case should be placed under rigid quarantine. Every case should be isolated, if not in an Isolation Hospital in a suitable room in the private house and neither the patients nor the attendants allowed to mingle with the public. Schools and churches should be closed where the disease is epidemic, public funerals should be prohibited, and children should not be allowed to play together on the street. Then the importance of the living germ carrier in disseminating infection although a comparatively recent discovery is worthy of consideration.

There are at least four types of carriers,—

1. Mild or unrecognized cases.
2. Convalescents released prematurely from quarantine.
3. Nurses, physicians, attendants, members of the family and articles which have been in contact with the patient.
4. Those persons who have never showed signs of illness and who have not been in contact with a germ carrier and who nevertheless harbour the specific germ.

\* Read before the Canadian Hospital Association.

Types 1 and 2 have been recognized for some time and medical school inspection has taken into consideration the importance of control in such cases.

The danger from the other two types, although well established is not so widely known. For example, when diphtheria broke out in a home, those exposed are often given a prophylactic dose of antitoxin, and because they do not develop an acute attack of diphtheria they conclude that there is no infection present. This may not be the case, however, and in certain cases a sort of biological toleration seems to be established between the bacillus and the patient, so that the person will become a chronic diphtheria carrier, although remaining entirely well.

The fourth type of carrier in whom no history of illness or contact can be secured, is never difficult to detect and control.

In default of routine examination of all school children the presence of germ carriers of this class is only brought to light when cases of the disease due to their agency appear in a school or institution. The existence of such germ carriers makes it imperative to trace to its source every case of an infectious nature breaking out in a school or institution.

The next important matter with regard to prevention is the thorough disinfection of the room, and everything that has been in contact with the patient.

Every city should have a steam disinfecting station where all articles such as carpets and bedding, etc., can be thoroughly disinfected. Failing in this, they should be thoroughly disinfected by other means or burned.

The above precautions having been taken we can still assist nature in strengthening our constitution, and in increasing our resistance, and therefore decrease the liability of being afflicted by any disease.

The consideration of the hospital management of cases of an infectious nature, I think it well to consider under two classes. 1st. The mild cases. 2nd. The severe cases.

Whenever a mild case enters an Isolation Hospital we have to take into consideration not only the patient, but also the friends and the public. The first, and one of importance, is the patient. I might say here that I do not intend to go into a detailed account of the medical treatment, but merely the general management and difficulties with which we have to contend. And while the actual treatment of any mild cases of diphtheria for example, consists in leaving it to nature, or in giving a few thousand units of antitoxin, still we must not overlook the importance of the persistent vigilance necessary in the successful nurse in order that severe or fatal complications may not occur. For example, as a matter of routine, the temperature in mild or convalescent cases is often looked upon as being of no importance, and consequently its accuracy is sometimes questionable when taken by a disinterested nurse, but every nurse who has had a thorough training in infectious diseases knows only too well that it may be an indication of some complication, or associated condition which may mean nights of worry to the friends and days of persistent vigilance and constant attendance to herself. Therefore, the slightest elevation of temperature should be reported

at once and if thorough examination of the patient by the physician reveals no complication, the patient should be put in a single ward in case he may be developing something of an infectious nature, and the development watched closely, until the physician is satisfied that his suspicions were unfounded. It is only in this way that you can minimize the ravages of a secondary infection in an institution dealing with contagious diseases which are most prevalent among the young and immature.

The next difficulty with which we have to contend is the friends, and it seems to make but little difference whether they came from the domicile of the poor or the palace of the rich, a great many expect privileges which it would be dangerous to allow in an Isolation Hospital. Therefore it is well to have certain fixed rules founded on the principles necessary for the prevention of contagion and adhere to these rigidly, irrespective of the ill will which you will undoubtedly obtain during the patients' stay in the hospital.

Now let us consider briefly the management of a severe case, and I think it well to confine our attention to a severe case of diphtheria, because I think there few diseases that require the same amount of constant vigilance, shrewdness and good judgment on the part of the nurse as a severe case of diphtheria. Few diseases prove fatal in such a short time. Few diseases are so fatal without showing more physical signs, but I might also say that there are few diseases in which there can be more done if we are able to interpret the danger signals in sufficient time. You might ask me what I would consider a severe case of diphtheria. The answer would be, all cases showing a pharyngeal exudate covering more than the tonsils, all cases of laryngeal invasion, all cases with pharyngeal exudate and profuse nasal discharge, and all cases with much enlargement of the cervical glands or evidence of toxæmia should be considered seriously and watched closely.

The nurse in training, however, has no doubt divided these into two great classes, because to her they seemed the very opposite and therefore, the more striking from a comparative standpoint. On the one hand she notices the child with enlarged tonsils and marked peritonsillar swelling, she notices that not only the tonsils, but also the uvula, the soft palate and part of the hard palate are covered with membrane. From the nose there is a nasty offensive, sanious discharge. The temperature is but slightly elevated and the pulse somewhat accelerated, but more pronounced than all of these is the general appearance of the patient. The child seems very dull and listless and his face bears that peculiar ashy and distressed appearance which when once seen can scarcely be forgotten, in it alone can the shrewd and observant nurse read the prognosis almost as easily and accurately as the ordinary individual can read the barometer. There are the cases which unfortunately have been mistaken by the parent for mumps, croup, bronchitis, and endless other maladies and consequently have received little or no treatment, and they are terribly surprised when the physician informs them that it is "too late." I mention this as an extreme case, possibly, to show you how important it is for the nurse to keep up a constant scrutiny least what at first appeared to her a mild case might pass into one of this calibre. I might say that I have seen them do so in less than twenty-four

hours, and you can imagine how humiliating it must be for a nurse to be told by the physician that he was not called in time. It is by recognizing these conditions as early as possible that the nurse can be of greatest service to the physician.

On the other hand she has seen what appeared to be a very mild case with apparently very little evidence of toxæmia do well for about two weeks. Then, without apparent cause, the child began to vomit, but she paid no attention to this and allowed the patient to sit up and, to her surprise, the child suddenly became worse and died. Now the observant nurse would have noticed that previous to these symptoms there was a sudden drop in the pulse rate and that it was also slightly irregular, and no doubt would have kept her in the recumbent position and absolutely quiet, and with the assistance of the physician, whose attention she would have directed to this, she would undoubtedly have avoided this apparently sudden and fatal syncope. I take this as an instance of the care required with respect to complications involving the heart and those of you who are familiar with diphtheria will no doubt agree with me that it is not exaggerated. True enough, many die from heart failure, the result of thrombosis, or changes in the muscle wall itself, but the premonitory symptoms indicative of such changes are seldom so well marked that the nurse should always be expected to apprehend these, but in a case such as I have mentioned, where prodromal symptoms are invariably present, where we invariably find a sudden drop in the pulse rate, vomiting, abdominal pain, and disturbed respiration, there is no excuse for her if she does not recognize them and take the necessary precautions.

In conclusion, I have taken into consideration the fact that I am addressing an audience who are quite familiar with the management of any acute illness, and consequently to mention anything about hygienic, dietetic and medicinal measures would only be a repetition of well-known facts. I hope that you will pardon me for undertaking the discussion of a subject which is undoubtedly worthy of the consideration of the physician rather than the nurse.

Riverdale, Toronto.

K. M. MATHIESON.

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## SOME POINTS IN THE ARCHITECTURE OF SMALL HOSPITALS.\*

In this paper I do not propose to deal with the history of hospital building nor what has led up to the present day hospital, nor even the evolution and development of the small hospital, but to come straight to the point and deal with the architectural problem of the small village or city hospital of the 20th century.

**Site.**—Before taking up the planning of the hospital itself let us consider the very important subject, the site.

Attractive sites for town halls, schoolhouses and other public buildings are not always suitable sites for hospitals. The site selected for a hospital should be accessible, at the same time in a quiet location, away from disturbing noises. A lot gently sloping toward the south, with extended views, having sheltering woods to the north and east, would be very desirable.

\* Read before the Canadian Hospital Association.



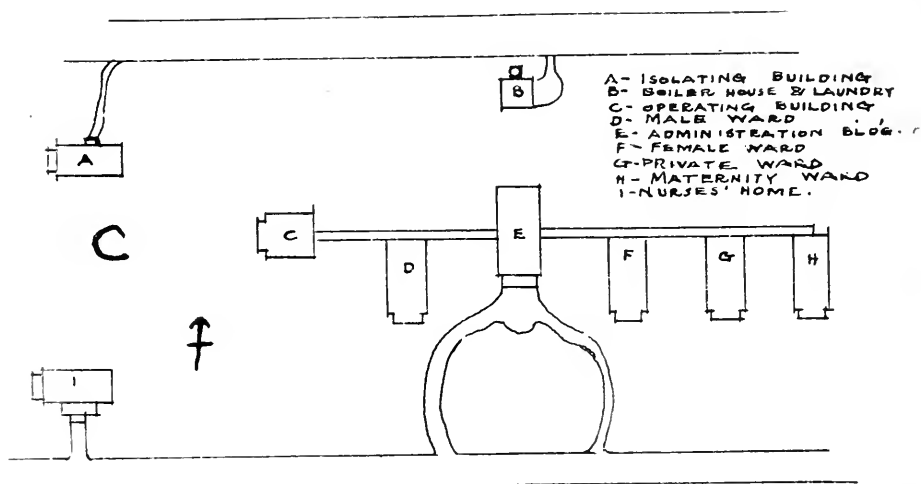
**50-70 Bed Type.**—Perhaps the average small hospital is from 40 to 60 or 80, starting out with, say, 30 to 40 and developing as the needs increase.

In laying out any hospital, as I have said before, the needs of the coming years should be considered, and whatever is built at first should be built with reference to the completed whole. Oftentimes the central or administration building will be all that can be built at first and in this must be temporarily disposed all of the departments.

**Administration Building.**—In the centre of our group should be placed the main, or administration building, so called. Here should be the headquarters of the superintendent, the interne, the housekeeper, and the pharmacist, the kitchen and dining-room.

The entrance to the main building should be attractive and inviting. Make it look as cheerful and hopeful as you can.

I will not go into detail with the offices, superintendent's suite (and he or



she should have as pleasant a suite of rooms as can be), the reception rooms, telephone booths and toilets.

In regard to the nurses' dining-room—here again make the room cheerful. Get away from the hospital atmosphere, give the walls color and hang them with pictures and casts. Even in the small hospital which I am describing I would give the staff a separate dining-room. It may be small, but make it separate for the sake of both the staff and the nurses who must be on their dignity when on duty and need to relax when at meals, at least.

**Kitchen.**—Much could be said about the kitchen for around this centres the life and health of the institution, for no amount of nursing will make up for poor food. The kitchen should be well ventilated, well lighted, and should have well arranged cooking apparatus. I prefer the placing of the range in the centre of the floor, carrying the flue through the floor and then to the chimney.

The sinks and dressers should all be a few inches away from the wall. The floor should be impervious and easily cleaned. Steam tables and steam cookers facilitate the work. Separate working pantries, dish-washing room,

scullery, and store closets also help. The main storage refrigerator should be near the kitchen and should have at least two separate compartments.

Large kitchen store-rooms can be provided in the basement. Here, also, could be a small pathological laboratory, drug storage, X-Ray room, furniture and general storerooms, or a small out patients' department.

It will doubtless be necessary, at the start, to utilize the second and possibly the third storey for patients.

Private rooms or a temporary maternity department can be planned to advantage in this building.

The administration building should have the elevator and for a small hospital I consider the automatic electric type, where one "presses a button" and the elevator "does the rest," the best. Have the car simple, metal the best.

**Corridors.**—The connecting corridors should be closed on the first storey, but the second storey I would have open to the south and closed to the north, thus affording additional airing balconies from the second-storey rooms.

**Ward Building.**—Now may we consider the ward building? For the greatest efficacy in service I consider the two-storey ward building better than the one. It is also easier to administer, provided elevator service is to be had.

As I stated before, the ideal exposure is for the ward building to run north and south, with the open ward to the south and the corridor to the north. This position makes it feasible to have the private wards on either side of the building. Make the windows large and near enough to the floor so that patients lying in bed can see out-of-doors and enjoy the view. Make your south end of the ward one mass of windows. Sunlight is cheaper than medicine, and if it takes too much coal to heat the room put in a double run of sash.

**Diet Kitchen.**—Of the accessory rooms perhaps the most important is the diet kitchen. Don't try to economize on the space of the diet kitchen to too great an extent. A member of the building committee on one of our well-known Boston hospitals said to me when I urged the enlarged diet kitchen, even to sacrificing a small room—"We must have the extra room for a patient and the nurses will get along somehow." Well, the nurses have gotten along, but every visitor to that hospital comes away with the same criticism—the diet kitchen is too small. So, I say, don't try to economize on your diet kitchen.

This should be provided with steam table, cases for china, etc., tray racks and refrigerator. And just a word in passing about the china cabinets. I used to think that if cabinets were made movable they would be moved for cleaning. But the nurses complained that they were too heavy, so I devised a cabinet which does not need moving and, by making the top slant 45 degrees to the wall, protects the shelves from dust and enables the top to be easily cleaned. The shelves and ends are kept one inch away from the wall, there being no back. To prevent the small articles from going over the back of the shelves, a small upright is fastened to the back of each shelf, having a coved angle. With this construction every particle of the cabinet is accessible. I would apply this rule to all pantries, store closets, etc., where there are open wooden shelves.

**Toilets and Baths.**—The toilets and baths should receive much attention. The bath should be in a separate room, or at least screened from the toilet by opalescent glass partitions. The bathroom should have room for attendant at both sides of the tub and enough room on one side for a wheel cot.

The water inlet should be large enough to fill the tub in the shortest time and the waste and overflow should be so arranged that every part of the inside is accessible.

Waterclosets should have the seats cut away at the front and the low "Natro" shape is approved by many specialists.

The slop hopper should either be in a separate room or screened from the general view. The sterilizing hopper is a very desirable adjunct, also a small instrument sterilizer for sterilizing the instruments used in dressing. A ventilating hood is also desirable for the disinfecting of dejectures but when the sterilizing hopper is used this would not be necessary.

Provision for towels, blankets and mackintoshes should be provided in the toilet and bathrooms.

**Nurses' Room.**—When space and appropriation will permit, a nurses' duty or chart room is not only desirable but will be found very useful, although in many hospitals, particularly the Boston City Hospital, the nurses' stations are in the corridor of each ward, where, with suitable chart cases, the records can be properly cared for.

**Linen and Clothing Closets.**—A well ventilated and lighted linen room should be provided for each pavilion. Shelves should be open so as to allow a free passage of air and further circulation of air obtained by cutting the door 1 inch short and providing a ventilator from same.

A room for the hanging of hospital clothing, with lockers or partitions, should be provided.

**Medicine Closet.**—A medicine closet, with small sink, glass shelves, should be provided. Here, again, the wall should be kept free from fixtures and the sink set in either glass or polished copper.

**Closets.**—One word as to the hospital clothes closets. They should have no re-entering angles. If placed across the corner, with the door the entire width of the closet, very little room is lost from the ward.

**Solaria and Airing Balconies.**—A solarium connected with an open ward is a pretty good thing, but I believe in plenty of large windows, making practically a solarium of the whole ward, then providing ample airing balconies from all wards and private room so that the patient can be wheeled at will into the open air. Too much emphasis cannot be put on these airing balconies.

**Private Ward Building.**—Where it is possible, a separate building should be provided for private patients, with more of the luxuries and conveniences, such as private baths, larger rooms, and better furniture.

Just a word about hospital beds. I find the most practicable bed is that with the bars at the head running horizontally instead of vertically as these make an exercising bar for the convalescent. I would have all beds, especially in the private pavilion, provided with large rubber-tired castors or wheels, for with the airing balconies everywhere the beds can be wheeled in or out at will.



**Operating Building.**—The operating department should be isolated. A separate one-storey building is the most ideal arrangement. It should contain an admitting room at the ambulance entrance connecting closely with the accident room, having good north light. This room would also be used for any septic cases and should connect with no room except corridor or admitting room.

The major operating room, should in my opinion, have no immovable fixtures and no plumbing. A small instrument sterilizer is sometimes desirable, but with the sterilizing room close at hand even this is not necessary. The lighting of this room should have careful study, both for the day and night. For the day, large vertical windows and skylight toward the north are the best. These windows should be double or with a glass screen, as in the Jefferson at Philadelphia. The ceiling lights can have rolling shades between the glass should the light be too strong, as at Beverly or Peabody, Mass.

For night light, electric is the most satisfactory, either by a large number of lamps at the ceiling or by lights on a swinging crane, which are out of the way when not in use. This latter appeals to me as the most satisfactory so far as I have observed. It is well, where gas is available, to have an auxiliary gas burner.

Next in importance is the sterilizing room. This should not be too small for at best it is not a desirable room to remain in when sterilizing is going on, and should be well ventilated. There should be connected with the sterilizing room a nurses' room for the preparation of dressings, preparing for operations, etc. Besides cases for sterilized and unsterilized dressings there should be a blanket warmer.

The surgeon's room should have a group of two or three bowls with elbow or knee valves with spray nozzles. A shower and toilet should also be provided.

Anaesthetizing and recovery rooms will make this building complete.

The treatment and construction of floors have received much attention and must receive much more before the perfect floor is obtained. Glass slabs, vitreous tiles, terrazzo, gypsum flooring, and even asphalt and granolithic have been used with more or less success.

For the walls of the operating room the glazed tiles make a well nigh perfect surface.

Time will not permit to mention the devices for swinging doors, electric signals, method of finish, etc.

**Maternity Building.**—Perhaps the department which brings in the greatest returns is the maternity department. This, as the hospital develops, should have a separate building and I would place this building at the extreme end of the group so that it would be unnecessary to pass by or through this building to reach others. The construction could be the same as the general or private ward building, having the same kind of baths, toilets and other offices.

If open wards are used, I should advise three or four beds, at the most, in a single ward, but more private wards with perhaps private bathrooms. Isolation rooms, with special toilets, should be provided for the occasional infectious case.

The delivery rooms, sterilizing room, labor room, and doctor's waiting-room should be cut off from the other wards by doors and should be treated in detail much the same as the operating suite.

The baby rooms should be large sunny rooms with airing balconies adjoining. Linen closets, blanket warmers, and even a fireplace are quite desirable. Airing balconies to the rooms and wards, of course, solaria are also desirable for convalescents.

**Children's Ward.**—The children's ward in a hospital is, to me, most interesting. It should be bright and sunny. Special decoration about the walls in tiles or color, an attractive window or some form of decoration, all help to amuse the little ones and so hasten recovery.

In one children's ward, which I built, the donor gave a beautiful window containing a life-size portrait of his little daughter in memory of whom he gave the building. The little girl is represented as stepping out of a garden, holding a bunch of lilies. This portrait window was so beautiful by day that we felt it was a pity not to have its beauty after dark. So an electric light was arranged outside and the ward is dimly lighted at night through the beautiful picture window.

Special convalescent dining-rooms and toilets for the children, and a play-room, are desirable.

**Nurses' Home.**—Nearly every hospital has its own training school for nurses and the nurses' home (but I believe here in Canada you call it nurses' "residence," and I rather like the idea).

It will take no argument on my part to convince you that the nurses' home or residence should be a separate isolated building for the nurses who are caring for the sick and injured while on duty should, when off duty, get entirely out of the hospital environment and atmosphere. This building should be as homelike as possible, should contain sitting-rooms and lecture rooms and a small diet kitchen; and do not try to economize by putting two nurses in a room as is often done. To do her best work a nurse must have the best opportunity for rest.

Few hospitals can aspire to have a nurses' residence to compare with the magnificent building for that purpose here in your own city at the Children's Hospital, but it can be made attractive and homelike.

**Isolation Ward.**—Lastly, let us consider the isolation ward. That the isolation or contagious hospital of the town or city can be better administered by the general hospital than as an independent institution goes without saying.

The prevalent idea of a contagious hospital is a separate building for each of the so-called contagious diseases. This would necessitate providing wards of maximum size for each of the contagious diseases, to manage which would require a large force whether there were two or three patents or the full capacity of each ward. How much more simple to have one building where all contagious diseases are treated, as in the Pasteur Hospital in Paris. If the physician can go from one patient to another, from scarlet fever to diphtheria, from measles to typhoid, from one house to another, why should not the attending nurse, if she but observe the same laws of antisepsis, go from one patient to another in the same building? If one is safe the other is safe.

To accomplish this a special ward must be constructed. This ward should be isolated from the hospital group by at least 50 to 60 feet.

One admitting room will answer for all patients provided they do not come too fast; in other words, giving time to properly disinfect the room between succeeding cases. The patient is relieved of his street clothes which are dropped into disinfecting solution in the disinfecting room in the basement. After the bath the hospital clothes are put on, the patient placed on the wheel stretcher, covered with a disinfected sheet, and wheeled into one of the isolating rooms.

These rooms are much like the regular private ward except that the entire wall toward the corridor is of glass, as well as the partition adjoining the next room. This throws each room into view the same as if the patients were in an open ward and the nurse can have the same surveillance over the patients and still they are completely isolated each from the other. Each of these isolation rooms contains a door and a window leading to a balcony as well as a door to the corridor. This balcony serves two purposes:—

1st. It enables the parents and friends of the patients to visit their loved ones and hold communication with them from the outside through the glass, and

2nd. In the case of a particularly malignant disease, the door to the corridor can be sealed and the patient can be approached from the balcony door only.

Besides the bed, each room should contain a sink with large faucets from which a portable tub can be filled and a drain in the floor where the tub can be discharged. Then, after disinfecting tub and person, the nurse can leave her gown for that room and attend to the next patient.

Convalescent wards for three or four beds will facilitate the care of convalescents who are recovering from the same disease.

Of course all food receptacles must be sterilized, all food being brought from the hospital kitchen.

By placing the male patients at one end and the female at the other, one diet kitchen, one linen closet and one admitting room suffice for the entire building.

Dr. Louis Martin, the physician in charge of the Pasteur Hospital, states that from the year 1900 to 1905, "We have received nearly 5,000 patients and the cases of cross infection have not attained the total of two in one thousand." The sister who took me about this institution in 1907, and who had been there for several years, said she had never known a case of cross infection. This is more than can be said of many of our city hospitals where each disease is segregated entirely from the others.

I would recommend that a small nurses' quarters be placed either directly above or adjoining this ward for the nurses while on contagious duty.

I fear I have already wearied you with much detail which you already knew, but perhaps a little more about construction might not be amiss.

The question of floors has been one of the most serious problems I have had to encounter. Wood floors will shrink and swell. Terrazzo floors are expensive, cold, and may crack. The gypsum floors are open to much the same

criticism. So far the most successful floor, to my mind, is the linoleum floor, cemented to a concrete base. This was successfully used on one of our hospitals and I am preparing to use it on one I am now planning.

I believe in the finish being absolutely simple, no projecting surfaces, doors without panels, and, as I mentioned in the description of the ward building, all cases, cabinets and racks made movable and capable of being easily cleaned.

In other words, let your plan be simple, straightforward, arranged for the maximum of service with the minimum outlay of strength, keeping uppermost in mind the best care and comfort of your patients.

EDWARD F. STEVENS, A.A.I.A.

Boston.

Hospital Architect.

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### WHAT A WOMAN'S HOSPITAL AID SOCIETY CAN DO.

This is not the history of any brilliant scheme, grandly conceived and grandly carried out, but the simple story of what a few earnest women, actuated by the highest motives, have accomplished for the benefit of a hospital. It is told in the first place because I feel so deeply how much the hospital with which I am connected owes to the Woman's Hospital Aid Society, and secondly, because I know there must be many societies in this country doing a similar work, and it seems fitting that such important factors in the support of our hospitals should receive some recognition from the Canadian Hospital Association.

The Woman's Hospital Aid Society, with which I am best acquainted, is co-existent with the hospital. Its first work was to raise sufficient money to furnish the building on its completion. Good substantial furniture was bought which has stood the wear and tear of eighteen years, and is apparently equal to as many more. The Society also generously supplied the hospital with bedding, linen, dishes, cutlery, etc.,—in fact, everything necessary, and all the best of its kind.

The early minutes of the Society make interesting reading. One month we find the members voting \$200 to help equip a laundry. Again, they offer to paint the wards, and with rare magnanimity leave to the Board the choice of colors. Another month they are planning some large entertainment, involving an immense amount of work, but their coffers need replenishing and something must be done. And so the work goes on, year after year, the zeal and energy of the Society keeping pace with the needs of the hospital.

About five years after the hospital was opened the accommodation was found to be inadequate, and it was necessary to build a wing. Again the Woman's Hospital Aid Society came to the help of the Board, and when the new part was completed, supplied all necessary furnishings. This was done in the same cheerful, satisfactory manner that characterizes all their work. But the addition of six private rooms and six semi-private beds made it imperative to have more nurses and there was no room for a larger staff.

What was to be done? Once more the Woman's Hospital Aid Society was equal to the occasion, with the result that a comfortable and substantial stone cottage was built and in due time handed over to the Board. This was an immense improvement on the attic rooms which heretofore had been the only resting place the weary nurses had, and the great benefit of a separate residence was very soon apparent. Not only was it possible to increase the staff, but the better hygienic surroundings have had a marked effect on the health of the nurses, and cases of sickness among them occur must less frequently. A few years later, when the work of the hospital had increased, the staff had of course increased proportionately, until it again outgrew its accommodation. Here was another opportunity for this untiring society to prove its worth, and in 1905, in conjunction with the Daughters of the Empire, they carried to a successful termination a highly creditable Made in Canada Exhibition. The money raised in this way was divided between the two societies, the share coming to the Woman's Hospital Aid Society being sufficient to allow them to enlarge the Nurse's Cottage by the addition of another storey. A beautiful broad verandah was also built at this time, the new part of the cottage furnished and the old part decorated, with the result that our nurses have now a pleasant comfortable home sufficiently large for some years to come.

Ever since the hospital was opened the Woman's Hospital Aid Society has supplied all the linen required, doing also the necessary sewing. Imagine what it has meant to do all this sewing for eighteen years! The Society also renews each month all articles broken or destroyed. Only the initiated can have an adequate idea of how much china can be broken in the course of a month in an average hospital. At Christmas time the Society sends each year a most generous basket, supplying patients and staff with as good a Christmas dinner as could be desired.

How is the money for all this raised? One year an attractive entertainment of some kind is given. The next, perhaps it may be a house to house collection, which usually meets with gratifying success. By such means the towns' people are kept in close touch with the hospital.

The Society of which I write succeeded some years ago in establishing auxiliary societies in two or three of the neighboring towns, and these societies also render most valuable assistance to the hospital.

I would like to emphasize the fact that this Society is what it calls itself—an Aid Society—and that it never interferes in any way with the management of the hospital.

I feel that I have merely touched on the work of this admirable Society. The money value of what it has done for our hospital amounts to many thousands of dollars, but who can estimate the cheer and comfort brought to the sick by the quiet, steady perseverance of this noble band of women. One must feel that theirs will be the Master's commendation, the "Well done" of Him who said "I was sick and ye visited me."

• Galt.

A. I. ROBINSON.

## THE CARE OF INFECTIOUS DISEASE IN A PRIVATE HOUSE.

My remarks will relate chiefly to scarlet fever, although, as far as the care of preventing the spreading of infection, it is practically the same for all such diseases.

In dealing with this subject, I think, the isolation of the patient and everything belonging to her, is the first thing to be considered. We are supposing the patient to be a child, as children are more prone to these diseases, and if there are others in the house they are to be sent to relatives or friends. If the isolation cannot be successfully carried out in a private house, the patient has to be removed to a hospital for that purpose.

In a city house, where the isolation can be completely carried out, the top flat is generally given over to the patient and nurse, and in that way things can be very comfortably arranged, as the nurse can then have a room for her own use, as well as the patient's room. In the patient's room it is wise to have as little furniture as possible, it minimizes the danger of infection and saves a great deal of work, the carpet and all heavy curtains and hangings are better removed, just enough left in the room to make it comfortable and pleasant; it doesn't seem necessary to be too severe and practical in these cases, as it is a long, weary, monotonous time for those isolated. Things might as well be made as comfortable and cheerful as possible, as the patient is kept in one room during the entire illness. A sheet is hung over the patient's door, and the stairway is also curtained off with sheets, so that the top flat is completely shut off from below stairs; these sheets are kept wet with a disinfectant solution. Whatever the attending physician likes used, some like one thing, some another. Carbolic is a great favorite, 1-100 or 1-200—this can be done by sprinkling the sheets with an ordinary whisk dipped in the solution, the same way with the floors before sweeping, then the dust and waste material can be rolled up tightly in a paper also wet with the solution and sent down to be burned.

In sprinkling the sheets, it serves a double purpose, the spray falls back on the nurse and helps to keep her disinfected. All linen and clothing should be soaked in a carbolic solution over night, the bath tub is the best thing for that, and care must be taken to mix it well, with very hot water, before putting in the clothes, so as not to destroy them, and the nurse must use her own judgment as to the quantity necessary, according to the amount of clothes to be disinfected.

All medicines, glasses, spoons, etc. used in treating the patient, are usually kept in the room on a small table, covered with a towel, and all poisons and disinfectants are kept in the bath room. All dishes, cups, spoons, plates, etc., used in feeding the patient and nurse are usually washed by nurse and kept upstairs; this is a trifle while the patient is on low diet and in bed, but during the long convalescence it is very trying, especially, for the patient to have an unattractive tray pushed under the sheet, as all dishes have to be carbolized before being sent down; sugar, salt, etc., can be always kept upstairs, but it is very difficult to serve a good appetizing dinner under these circumstances, and good nourishment at this stage of the disease is very necessary, and to meet this difficulty I have found one of those formalin lamps a great comfort; they can be procured at a comparatively low

cost, \$2.50, and a box containing 30 tablets, of five each, of crystallized formalin, the lamp is like an ordinary spirit lamp, with a small cup attached to hold the tablet, which readily dissolves and gives off fumes when heated, so that when the meal is finished, if the lamp is lighted and placed on the tray, the fumes from half a tablet are sufficient to disinfect it, and then have it immediately sent down.

The formalin fumes, as you know, are very efficient, and these lamps are very useful in a country house, where the bath room has to be common property, and if one is lighted and placed in the hall leading to the bath room and another in the bath room itself, after the nurse is through with it, for the time being, it minimizes the danger, and keeps up a system of disinfection all through the disease.

Still presuming the patient to be a child, sometimes the mother or other member of the family, or even a nurse maid, will share the isolation, then an outing can be taken regularly and in turns after the severe part of the illness is over.

For all these occasions the formalin lamp is invaluable, as it takes only a few minutes to dissolve the tablets and have the fumes escaping in good volume, and I have known them to be used in a country house, where the parents remained at home, the father of the child went to his usual business; the servants also remained, and did their usual work.

As far as the medicinal treatment of the case goes, that rests with the physician, and the nurse carries out the orders and cares for the patient as in any febrile disease, only in infectious diseases there is more responsibility, as the physician, especially a general practitioner, who has obstetrical cases, doesn't like to call more than is absolutely necessary. There is a long gown kept in the bath room for him to put on before going into the patient's room, and a basin of solution for him to disinfect his hands and stethoscope before going down stairs.

In scarlet fever the rash is usually well marked when the case is diagnosed, and it is important to watch the throat and urine.

The temperature is not always a reliable guide in children, the pulse and general tone will help; if a child is not feeling too badly he will want to play and get out of bed and do all sorts of things, but if ill, the reverse is the case.

The physician will order according to the requirements of the case. The period of isolation is anywhere from four to seven weeks, the latter part being the convalescent and most trying stage, and at this time there is sometimes ear trouble, the temperature will rise, and the patient become irritable, but in a short time the trouble will manifest itself and will be dealt with according to orders. This is also the period of desquamation and great care must be exercised in guarding against cold, as the kidneys are very susceptible, and the patient is more than likely to be left almost entirely to the nurse. The doctor will inquire by phone or otherwise, indirectly, for the report of the patient's condition and this report has to go through a medium, as it is not always wise and convenient for the nurse to use the 'phone, the message must be ready, concise and accurate. The time is usually arranged for ringing up, twice a day, morning and afternoon. As to desquamation, it is

as we all know the most dangerous time in scarlet fever, the flakes of dry skin are so light they can be carried anywhere; it is sometimes very difficult to detect the peeling; it begins at the tips of the fingers and toes, and will rub off like fine sawdust or peel off in satisfactory large pieces.

During this period the patient is usually ordered hot carbolic baths, and rubbed well after with carbolic vaseline. The baths are given as hot as can be taken and moderately strong, and again the nurse has to use her judgment as to the amount of acid to use, as some skins are more sensitive than others, and the age of the patient must be considered, and it is most important that the carbolic be dissolved in very hot water and not allowed to sink in globules to the bottom of a cold bath tub and burn the patient. If the child is large and strong enough he can walk to the tub; if a small child, a foot bath can be taken to the bed-side, and an ordinary child can be carried to it.

When the nurse is satisfied that desquamation is complete, the doctor is notified that they are ready to leave isolation, he can then call and examine the patient to be sure everything is alright, and in the meantime the downstairs can be gradually fumigated and fresh clothes and rooms are arranged and ready. In the city the health officer attends to the fumigating, but in the country, the nurse is expected to help, at least with information.

The last carbolic bath must be thorough. If the patient has long hair it is well to have it washed well with the solution two or three days following, before the final exit, and a good alcohol rub is a wise precaution the last thing before handing the victim into the fresh warmed blanket ready to receive him on the other side of the carbolic sheet.

If the isolation has been rigidly carried out upstairs, it simplifies things below, and those rooms may remain as usual, with the windows and doors shut and the formalin fumes introduced it takes from 3-4½ for an ordinary room. Formalin is the most satisfactory disinfectant, as it doesn't destroy or discolor anything and is very penetrating, and it can be put in a tin cup or a small kettle over a spirit lamp containing enough alcohol or methylated spirits to evaporate it, and this set in a basin or some vessel not inflammable, put in the middle of the room, the lamp lighted, the door locked and left over night, will be found sufficient, then these rooms can be aired and made ready to receive the emancipated ones.

The patient's room requires more thought, the windows and doors must be sealed up, and everything arranged so that the fumes, all the drawers and cupboards opened up, the mattress placed side up against the bed, lines strung across the room to hold blankets and things that can't very well be soaked in the solution and all arranged so that there can be no question about the thoroughness of the disinfection, then the formalin kettle started and the room sealed and left at least twenty-four hours, and the whole top flat should be attended to in this way; after that the windows may be opened and rooms aired out, and if there is paper on the patient's room and other children to return to the house, it is well to re-paper.

The nurse must thoroughly disinfect herself, a hot carbolic bath, including hair, and leave all her outfit behind to be fumigated. It is wise to rest up and keep out in the air as long as possible before starting another case.

M. A. STANLEY.





### REPORT OF THE CHIEF SUPERINTENDENT.

Another year has just closed and we have to report a steady, healthy growth in the work of the Order. During the year 1908 our nurses, in the districts and hospitals, have cared for 10,724 patients, and the district nurses have made 79,670 visits, 2,252 of which were night calls; 308½ days continuous nursing has been done. These figures show an increase over last year's of 11,577 visits paid, and of 154 days continuous nursing done.

Thirty nurses have been admitted to the Order; 9 are on the reserve list; 5 have re-joined and 21 have resigned; on account of ill-health, 1; to be married 7; to take up other work, 5; on account of unfitness for the work, 4; and from other causes, 4. The total number of nurses now working for the Order is 117, distributed as follows: Victorian Order nurses in the hospitals 31, Victorian Order nurses in the districts 52, nurses pursuing post-graduate course in the Training Homes of the Order 13, nurses-in-training in hospital training schools 21.

Thirty-five visits of inspection have been made by the Chief Superintendent, and 8 with a view to organizing.

Three new branches have been opened, viz.: districts in Galt and Brockville, and the Lady Minto Hospital in Minnedosa, Manitoba, and the district of Fernie, B.C., which was closed for a short time following the disastrous fire of last August has been re-opened.

The growth and many-sidedness of the work in Montreal merit special mention. Seven districts there have now resident nurses and the visiting nurse in connection with the recently formed tuberculosis class and the school nurses are Victorian Order nurses. During the Tuberculosis Exhibit in Montreal last fall, some of the Victorian Order of nurses were in constant attendance giving information and demonstrating. The last few months have been exceptionally busy ones for this branch owing to the prevalence of typhoid fever. A staff of 29 nurses have been kept steadily busy, and the results have been very gratifying.

Last summer Baddeck, C.B., was visited by a virulent type of dysentery, which attacked young children almost always resulting fatally, and old people. During that trying time our nurse did splendid work, proving herself one of

those many heroines whose noble deeds are done in the midst of common, everyday tasks.

Miss Mayou, in Labrador, is still rendering excellent service, nursing the sick, teaching the people in that far away land to live healthier, more wholesome lives and instilling into them the elements of true culture. In the appendix to this report will be found extracts from the very interesting letters received from Miss Mayou during the year.

And, meantime, comparatively new fields are lying ready to be worked more thoroughly; tuberculosis nursing, school nursing, visiting nursing, in connection with hospital extension, and as the congestion increases in our cities more and more sanitary missionary work must be done by our nurses. And each year new paths of usefulness will open up, and if the Order is to attain to its highest ideals, its members must stand girded, ready for whatever work may present itself. And one kind has already presented itself and is clamoring to be heard; this is district nursing in the extensive rural districts, more especially in the West and North, in parts where the farm houses are miles apart. Already many calls have come for efficient help from those out-of-the-way places. Three kinds of help are needed: the doctor's, the nurse's and the home-helper's. The first is solving itself very rapidly, as young, enthusiastic doctors are penetrating more and more into those districts. The Victorian Order can supply the second, and the third will work itself out in time. But the work of the Order is there, and it behoves us to recognize it, and to work out a satisfactory scheme to meet the needs of the people of those regions of extensive distances. Continuous nursing will have to be combined with visiting nursing; the nurse must have some kind of conveyance, as she will often be required to travel many miles in a day. The scheme will have to be worked out piece by piece, in definite places, and very wide latitude will have to be given, as each locality will present some new phase, no two will fit into the same mould, and to be effective the Order will have to recognize these phases and when considered advisable the rules will have to be made very elastic.

In conclusion, we would thank the Committees throughout the Dominion who, in so many ways, have lightened the burdens of the nurses, and by their sympathy and personal interest have enabled them to accomplish much more good than would have been possible without that personal touch, which means so much in this kind of work. To the workers, themselves, we shall only say: Continue loyal, faithful and enthusiastic. The work is worthy of it, and no greater reward can be yours than to have found a field of labor wherein you can work with loyalty, faith and enthusiasm. On you depend the usefulness, strength and beauty of the Victorian Order of Nurses.

All of which is respectfully submitted,

MARY ARD. MACKENZIE,

Chief Superintendent.

A post-graduate course in District Nursing, four months, is given at one of the Homes of the Victorian Order of Nurses, either in Ottawa or in Toronto. For full information apply to the Chief Superintendent, 578 Somerset St., Ottawa, or to the District Superintendent, 206 Spadina Ave., Toronto.

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## The Guild of

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## Saint Barnabas

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### CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 6.15 p.m. Last Tuesday Holy Communion at R.V.H., 6.15 p.m.

*District Chaplain*—Rev. Arthur French, 158 Mance Street.

*District Superior*—Miss Stikeman, 216 Drummond Street.

OTTAWA—The Cathedral, First Monday.

*Chaplain*—Rev. Canon Kitson, the Rectory.

*Local Superior*—Miss L. C. Wicksteed, 494 Albert Street.

TORONTO—St. James' Cathedral Rectory, last Friday, 8 p.m.

*Chaplain*—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.

*Local Superior*—Mrs. Welch.

*Secretary*—Miss Maud Roger, 5 Howland Ave.

Our February meeting in Montreal proved a very delightful one, as on this occasion many of our members met our new Bishop, the Right Rev. Dr. Farthing, for the first time. Through the kindness of Miss Livingston, the lady superintendent, the service was held in the chapel of the General Hospital, over one hundred nurses being present. The service was very hearty, special thanks being due to those nurses who have taken much pains in learning the music, and who each month form a small choir, leading the hymns and chants, thus helping considerably to brighten our services. The Bishop gave the address, and afterwards, when we adjourned to the Nurses' Home, he was introduced to many of the members. He spoke repeatedly of his interest in hospital work and was evidently pleased to see such a large number present. Many of our members came from some distance, others who are interested in our Guild joined us on this occasion. The home presented quite a festive appearance as the nurses had taken considerable trouble in arranging beautiful flowers and providing refreshments. Our assistant superior was greatly missed, as she was prevented from being present through illness. We all hope soon to see her back, as we receive good accounts from her. We all sincerely trust this will not be the last visit we shall receive from our Bishop.

ANNIE STIKEMAN,

District Superior.

# My Scallop-Shell of Quiet

GIVE me my scallop-shell of quiet,  
My staff of faith to walk upon,  
My scrip of joy, immortal diet,  
My bottle of salvation,  
My gown of glory, hope's true gage:  
And thus I'll take my pilgrimage.

Blood must be my body's balmer;  
No other balm will there be given:  
Whilst my soul like quiet palmer  
Travelleth toward the land of Heaven:  
My soul will be a-dry before,  
But, after, it will thirst no more.

—*Sir Walter Raleigh*

## Elevate the Standard of Conduct.

And as that is but a feeble sermon which does not leave the preacher more rich in thought of those to whom he speaks, rest assured that I shall go hence the happier for the belief that I have done or said something to elevate the standards of conduct for the new members of a class which I have had so often to thank for making my life work successful. I said just now to elevate the standard of conduct. There is need to keep this in mind. Life, the life of detail, is full of things which belittle, and for this reason even though the great chances may never come in your way, it is well to consider yourselves as on heroic levels. I once sat by the bedside of a man who was slowly dying. He had been brought up to the business of brick laying, and had never risen above the mere manual work. He said to me that he had always wanted to do some big thing like stopping a runaway horse, or saving life at a fire. He had never had a chance. It seemed to trouble him. At last he said: "But I guess it's good for a man to want to do such things even if he never does get a chance." He was quite right. But indeed there is, too, in your lives and mine enough of the solemnities to keep us reverent and thoughtful. Unlike the rest of the busy world, we alone are ever seeing the entrances and the exits of the drama of existence, and more than others are nearest to these two vast mysteries between which lies the domain of life.—*S. W'cir Mitchell, M.D.*

## A Word for the Trained Nurse.

"I should like to say a word for the trained nurses. They differ, of course, like every other class taken from our imperfect humanity. But, on the whole, I do not believe that any other vocation develops in women equal sagacity, skill and delicate manifestation of tact and sympathy. And, while there are probably those who fail to appreciate them, I think they have the regard and in many cases real affection of the great majority of their worthy patients."

—*Arthur B. Conger, Rector of the Memorial Church of the Good Shepherd, Rosemount, Pa. From a sermon preached on St. Luke's Day, 1908.*

## What We Have Done for Others.

"Alas! it is not when we sleep soft and wake merrily ourselves that we think on other people's sufferings. Our hearts are waxed light within us then, and we are for righting our ain wrangs and fighting our ain battles. But when the hour of trouble comes to the mind or to the body—and seldom may it visit your Laddyship—and when the hour of death comes, that comes to high and low—lang and late may it be yours!—oh, my Liddy, then it isna what we hae dune for ourselfs, but what we hae dune for others, that we think on maist pleasantly."—*Sir Walter Scott.*

# The Canadian Nurse

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## Editorial

### THE RESIGNATION OF MISS BARWICK.

The resignation of Miss Barwick, who has been the Registrar of the Toronto Central Registry of Graduate Nurses since its earliest beginning, is a severe loss to the profession and will be felt, not only by the nurses, but by hundreds of physicians in Toronto and elsewhere. Miss Barwick, a graduate of the Johns Hopkins Hospital Training School for Nurses, a member of an old and highly-respected Toronto family, of high medical traditions, made such a success of the Registry that she was repeatedly invited to Ottawa, Cleveland and other Canadian and American cities to address nurses' associations on the subject. She has done good service every day of her occupancy of the Registrarship and we part with her in that special capacity with genuine regret and with a grateful sense of her good and faithful and far-reaching labours.

Miss Barwick's personality, her unselfishness, her conscientious discharge of her duty, counting nothing any trouble which would conduce to the comfort of the patient or the help of the physician, will not soon be forgotten. She will always possess the confidence and good-will of those who have worked with her. To Mrs. Downey, the new Registrar, "The Canadian Nurse" would take this opportunity of wishing all success in her important work.

### THE ASSOCIATION OF NURSING SUPERINTENDENTS OF INDIA.

The annual report of this association has just reached us, bound in red and gold, and meets with a warm welcome. It contains, besides the reports of the secretary and treasurer, a number of very interesting addresses delivered at a conference held in Calcutta, at which registration for nurses in India, the establishment of a nursing journal for India, the place of the Indian nurse in social service, and other topics of the time, for the West as well as for the East, are taken up.

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### NURSES' EXHIBIT IN LONDON.

We have received from Miss L. L. Dock, the Hon. Sec. of the International Congress of Nurses, the following letter, which we cordially commend to the interest and attention of our readers:

To the Editor of "The Canadian Nurse":

Dear Madam,—May I through your columns remind the Canadian nurses that an exhibit is to be held in connection with the coming International Congress of Nurses in London, of useful appliances and inventions which are

the work of nurses, and that every nurse who has devised or improved anything used in the sick room or the care of the patient generally is urged not to forget to send an exhibit. Also we hope for a good display of nursing literature, journals, reports, books, and alumnae leaflets. At Paris, all the nursing journals were taken like hot cakes, and it is a good way to show what nurses are doing.

All contributions should be addressed to the International Headquarters, 431 Oxford St., London, W.

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### A MAGIC LANTERN RECEIVED.

This is the sequel to "A Magic Lantern Wanted" and "Making Good Canadians," which appeared in our April number. The Alumnae Association of Toronto General Hospital, on reading Mrs. Munro's letter in "The Canadian Nurse," decided to send her the magic lantern which she needed. We are delighted to be able to inform our readers of this generous action. As the president of the Alumnae, Miss Lucy Bowerman, says: "It may induce others to tell what they want and broaden all our sympathies."

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### THE CANADIAN HOSPITAL ASSOCIATION.

The third annual meeting of the Canadian Hospital Association took place at the Parliament Buildings, Toronto, on April 12th and 13th, and was a decided advance on the meetings of previous years. Dr. Dobbie, the president, delivered a brief and informal opening address, welcoming the members, and calling attention to the problems before them. Miss Kate Mathieson, superintendent of the Riverdale Isolation Hospital, gave an interesting paper on "The Nursing of Contagious Diseases."

Dr. Campbell Meyers presented a paper on "Neuropathic Wards in Toronto General Hospital," and presented a typical case of nervous disease giving a very interesting clinical history.

In the afternoon Dr. R. W. Bruce Smith, Inspector of Hospitals and Charities, gave a practical and helpful talk on "The Ideal Small Hospital." This was followed by a paper of great excellence and value by Dr. E. M. Von Eberts of the Montreal General Hospital, Montreal, which will be found elsewhere in the present issue.

A visit to Weston Sanitarium closed the day's programme, and on return the association held a dinner at which Mr. J. P. Downey, M.P.P., was to have made an address. It was unfortunately impossible for Mr. Downey to be present, but the secretary was able to secure Dr. J. A. Amyot, Provincial Bacteriologist, who gave an address of great interest and force on "Milk Problems."

On the second day the leading papers were: "The Care of Convalescent Patients after Leaving the Hospital," Miss Louise A. Brent, Hospital for Sick Children; "Some Points in the Architecture of Small Hospitals," Edw. F. Stevens, Esq., Hospital Architect, Boston, Mass.; "The Inadvisability of Training a Nurse for Her First Year in a Small Hospital with the Idea of

Having Her Complete Her Course in a Large Hospital," Miss N. M. Miller, Ross Memorial Hospital, Lindsay; "The Evolution of Surgical Technique During the Last Half Century," Dr. H. A. Boyce, Kingston General Hospital, Kingston; "To What Extent Does the Small Hospital Fit its Graduates for Institution Work," Miss N. Morton, Collingwood; "What a Woman's Aid Society Can Do," Miss A. I. Robinson, Galt Hospital, Galt. We have great pleasure in announcing that by the courtesy of the secretary, Dr. J. N. E. Brown, we hope to print all these papers for our readers in the near future.

The officers for 1909-1910 are:

President—Mr. H. E. Webster, Royal Victoria Hospital, Montreal.

First Vice-President—Dr. Robertson, Ottawa.

Second Vice-President—Dr. W. J. Dobbie, Weston.

Third Vice-President—Miss Green, Belleville.

Fourth Vice-President—Mr. W. W. Kenney, Halifax.

Fifth Vice-President—Dr. J. Ryan, Kingston.

Secretary—Dr. J. N. E. Brown.

Treasurer—Mrs. E. McL. Currie, Toronto.

## Editorial Notes

### Britain.

**The Territorial Force.**—The Nursing and Army Medical Departments of the Territorial Force have made truly remarkable progress. Everyone seems in earnest about this.

### Belgium.

**Nursing Progress.**—This is very marked in Belgium just now. A new training school has been established at the Hospital St. Jean and great hopes are entertained of its success.

### Finland.

**Epione.**—This is the nurses' journal for Finland. In a recent number an article appears advocating an outdoor uniform, which the writer thinks should almost be made compulsory.

### New Zealand.

**Maternity Hospitals.**—These have been established by the state in all large centres of population in New Zealand. These hospitals have nurses specially trained in midwifery on their staff.

### Switzerland.

**Organization.**—The journal of the Swiss Red Cross Society has an article advising and urging nurses to form an organization of their own.

### Germany.

**Nursing Housekeepers.**—The German Red Cross Society has instituted a special course for nursing housekeepers.

# Editorial Board

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Miss Gilroy, W.G.H.A.A. 48 Harriet St., Winnipeg.

Miss Hewley, Supt. Lady Minto Hospital, Minnedosa, Man.

Miss McKibbin, 375 Langside Street, Winnipeg.

Mrs. P. H. Snider, Supt. General Hospital, Neepawa, Man.

Miss I. M. Stewart, 407 Pritchard Ave., Winnipeg.

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Miss Heales, Supt. V.O. Hospital, Melfort, Sask.

Miss Shannon, Lady Supt., V.H., Prince Albert, Sask.

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Miss M. M. Lamb, Fort Saskatchewan, Alta.

Miss E. P. McKinney, C.G.N.A., Calgary.

Miss Melsaac, E.G.N.A., Supt. The Oity Hospital, Edmonton.

Miss G. A. Mitchell, Supt. Isolation Hospital, Edmonton.

## British Columbia

Miss Judge, V.G.N.A., 811 Thurlow St., Vancouver.

Miss McDonald, Supt. Prov. Royal Jubilee Hospital, Victoria.

Miss Ethel Morrison, T.N.C., 1442 Elford St., Victoria, B.C.

Miss Evans, Supt. Kootenay Lake General Hospital, Nelson.

Miss Green, Supt. Gen. Hospital, Golden.

Miss Roycroft, A.A.V.G.H., Vancouver.

## Yukon Territory

Miss Moodie, Hospital of the Good Samaritan, Dawson.

## The United States of America

Miss Hodgson, Supt. Episcopal Hospital, 15th St. N.W., Washington, D.C.

Miss L. L. Rogers, Supt. School Nurses, Pueblo, Colorado.

Miss Gilmour, 265 Henry St., New York.

Miss Mitchell, 4253 Wabash Ave., Chicago.

Miss Flaws, Supt. Butterworth Hospital, Grand Rapids, Mich.

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Miss Graves, St. Michael's Hospital, Toronto

## Editor

Dr. Helen MacMurchy, 133 Bloor St. East, Toronto.



# Official Department



Queen Alexandra's Imperial Military Nursing Service.  
The Canadian Permanent Army Medical Service (Nursing Branch).  
The Canadian Society of Superintendents of Training Schools for Nurses.

The Canadian National Association of Trained Nurses.  
The Association of Hospital Superintendents of Canada.  
The Canadian Nurses' Association.  
The Manitoba Association of Graduate Nurses.  
The Graduate Nurses' Association of Ontario.  
The Victorian Order of Nurses.  
The Guild of St. Barnabas for Nurses.  
The Brockville Graduate Nurses' Association.  
The Collingwood G. and M. Hospital Alumnae Association.  
The Calgary Graduate Nurses' Association.  
The Edmonton Graduate Nurses' Association.  
The Ottawa Graduate Nurses' Association.  
The Fergus Royal Alexandra Hospital Alumnae Association.  
The Galt General Hospital Alumnae Association.  
The Guelph General Hospital Alumnae Association.  
The London Victoria Hospital Alumnae Association.  
The Kingston General Hospital Alumnae Association.  
The Montreal General Hospital Alumnae Association.  
The Montreal Royal Victoria Hospital Alumnae Association.  
The Ottawa Lady Stanley Institute Alumnae Association.  
The St. Catharines General and Marine Hospital Alumnae Association.  
The Toronto Central Registry of Nurses.  
The Toronto General Hospital Alumnae Association.  
The Toronto Grace Hospital Alumnae Association.  
The Toronto Graduate Nurses' Club.  
The Toronto Hospital for Sick Children Alumnae Association.  
The Toronto Riverdale Isolation Hospital Alumnae Association.  
The Toronto St. Michael's Hospital Alumnae Association.  
The Toronto Western Hospital Alumnae Association.  
The Winnipeg General Hospital Alumnae Association.  
The Vancouver Graduate Nurses' Association.

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## ALUMNAE ASSOCIATION, TORONTO GENERAL HOSPITAL.

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First Vice-President—Ida Beam, 728 Spadina Ave.

Second Vice-President—Annie Hartley, T.G.H.

Recording Secretary—Miss Lindsay, T.G.H.

Corresponding Secretary—Ida L. Burkholder, 728 Spadina.

Treasurer—Marion E. Hall, 18 Earl St.

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Sick Visiting—Elizabeth Field, 505 Sherbourne St.

Registration—M. E. Christie, 19 Classic Ave.

Programme—Mrs. Feeney, 44 Willcocks St.

Social and Lookout—Miss Richardson, 551 Sherbourne St.

Press—S. Caroline Ross, 1 Selby St.

Central Registry—Miss Purdy, 551 Sherbourne St.; H. Fralick, 728 Spadina Ave.

Canadian Nurse Representative—Miss Lennox, 107 Bedford Road.

### **THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.**

For the year ending October 15th, 1908.

Officers for 1908-09: Miss Barnard, President; Miss A. Clarke, 1st Vice-President; Miss L. Adams, 2nd Vice-President; Miss A. Robertson, Recording Secretary; Miss B. Goodhall, Corresponding Secretary; Miss M. Wilson, Treasurer; Miss M. Gray, 505 Sherbourne St., Secretary for "Invalid Cookery"; Misses M. Haley, E. Jamieson and M. Ellrington, Directors; Miss J. Hamilton, 608 Church St., Convener of General Business Committee; Miss Sales, Miss McQuaig and Miss J. Gray.

### **THE ALUMNAE ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.**

Officers for 1908-09: Hon. President, Miss Morton; President, Miss G. Morrison; First Vice-President, Miss P. J. Cottrill; Second Vice-President, Miss Ella Baker; Secretary, Miss J. E. Carr; Assistant-Secretary, Miss E. M. Dawson; Treasurer, Miss M. M. Redmond.

Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the board room of the hospital.

### **APPOINTMENTS, PROMOTIONS AND RETIREMENTS, CANADIAN MILITIA, 1909.**

Headquarters, 9th February, 1909.

The following appointments, promotions, retirements and confirmations

of rank are promulgated to the Militia by the Honorable the Minister of Militia and Defence in Militia Council.

**Army Medical Services.—Army Medical Corps.**

To be a Nursing Sister: Miss Margaret Marjorie Fraser. 1st January, 1909.

Headquarters, 23rd February, 1909.

To be a Nursing Sister: Miss Isabel Catherine MacIntyre. 28th January, 1909.

By command,

F. L. LESSARD,  
Colonel, Adjutant General.  
Tuesday, 16th March.

Leave of absence has been granted to Nursing Sister H. Jarvis. P.A.M.C., from the 30th instant to the 30th April next. (H.Q. 3344—2.)

**QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE**

The following ladies have received appointments as Staff Nurses: Miss C. M. Roy, Miss K. J. Stewart.

**Postings and Transfers.**

**Matrons.**

Miss E. A. Dowse, R.R.C., to Malta, from Military Hospital, Cork.

**Sisters.**

Miss L. M. Moor, to Military Hospital, Bloemfontein, on arrival in South Africa.

Miss S. I. Snowdon, to the Q. A. Military Hospital, Millbank, London, from Military Hospital, Dover.

Miss C. Anderson, to Royal Infantry, Dublin, on return from South Africa.

Miss E. H. Hordley, to the Alexandra Hospital, Cosham, from duty on T. S. "Plassy."

Miss A. Rowe, to Military Hospital, Devonport, from duty on T. S. "Plassy."

Miss S. B. Lanyon, to Military Hospital, Curragh, from duty on T. S. "Plassy."

**Staff Nurses.**

Miss G. M. Watkins, to Roy. Vic. Hospital, Netley, on appointment.

Miss M. German, to Egypt, from Military Hospital, Devonport.

Miss E. Close, Miss C. M. Williams, to Military Hospital, Pretoria, on arrival in South Africa.

**Appointments Confirmed.**

**Staff Nurses.**—Miss E. V. Forrest.

**Arrivals.**—Miss K. M. Hewetson, sister, from Gibraltar.

C. H. KEER,  
Matron-in-Chief, Q.A.I.M.N.S.

### THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

The annual meeting of the Graduate Nurses' Association of Ontario will, by kindness of Miss Brent, be held in the residence, Hospital for Sick Children, on Saturday, May 22nd, 1909. There will be two sessions, afternoon at 2.30 and evening at 8 o'clock. The following is the programme:

#### Afternoon.

1. Devotional exercises.
2. Opening address by President Falconer, of Toronto University.
3. Roll call.
4. President's address.
5. Reading of minutes.
6. Report of corresponding secretary.
7. Report of treasurer.
8. Reports of committees.
9. Announcement of elections.
10. Miscellaneous business.
11. Paper, "Problems of the Private Duty Nurse," by Miss De Witte, assistant editor "American Journal of Nursing."
12. Discussion—Miss Lucy Bowerman and others.
13. "Registration for Nurses," by Miss Eastwood, Supt. V. O. N., Toronto.
14. Discussion.
15. Demonstrations by Miss Potts, assistant superintendent S. C. H. Training School: (a) Making of whey for infant feeding; (b) handling and bathing of splint cases.

#### Evening Session, 8 p.m.

1. Address by John Ross Robertson.
  2. Paper, "New Treatments of Various Diseases," by Miss Jewison, G. H., Toronto.
  3. Discussion.
  4. Recitation, Miss Jessie Carter.
  5. Address, Mrs. Torrington, president local Council of Women.
  6. Question Drawer, Miss A. I. Robinson, Supt. Galt Hospital.
- Refreshments.

All nurses, whether members of the association or not, are cordially invited to attend the meetings, and take part in the discussions. Questions for the Question Drawer may be sent to Miss Robinson, the Hospital, Galt, Ont., or to the recording secretary, Miss J. Stewart, 12 Selby St., Toronto.

N.B.—The names of all those who are in arrears for membership fee for over a year will be erased from the roll after this notice.

## Hospitals and Nurses

Miss John and Miss Ford both of the V. G. H., have accepted positions in the operating room of the Miner Hospital, Seattle, Wash.

Mrs. J. B. Hart (Margaret Clendenning, T. G. H.) is convalescing in Victoria, B.C., after a serious illness of some months.

Miss Hart, V.G.H., is taking charge of the operating room of the General Hospital, succeeding Miss Rose, who is planning a long visit to California.

Miss Rodd, R.V.H., assistant superintendent Vancouver General Hospital, is enjoying a month's holiday in Alberta.

Miss Frances Bond is acting superintendent at the Tranquille Sanatorium till arrangements can be made for a permanent nurse-in-charge.

Miss Pringle, superintendent of the Miner Hospital, Seattle, is spending a short holiday with her mother in Vancouver.

Miss Thomson, having finished her course in training at Stratford General Hospital, has taken up private duty in that city.

The Washington State bill for registration of graduate nurses passed in March the last session of the legislature.

The engagement is announced of Mr. A. E. A. Sterling and Miss Pearl F. Chambers (T. G. H.)

Miss Sawyer, of the Riverdale Hospital, has gone to Battle Creek Sanitarium, Michigan, for a six months post-graduate course.

The different associations of graduate nurses in British Columbia are preparing a bill for registration to be presented at the next sitting of the local House.

Miss M. R. Macdonald, class 1901, Boston City Hospital, has been appointed superintendent of the training school at St. Joseph's Hospital, Tacoma, Washington.

Miss Mitchell has returned to Toronto, where she was warmly welcomed back by her many friends. Miss Mitchell has resumed private nursing and will reside for the present at No. 66 D'Arcy Street.

Miss Leishman, who was the winner of the 1908 prize in surgery at the T. G. H., succeeds Miss Thorpe as head nurse of the operating theatre at Toronto General Hospital.

Miss C. K. Clark, Victoria Hospital, London, Ont., has been recently sent by the Victorian Order to assist in the Lady Minto Hospital, Melfort, Sask.

Miss Marie A. Tripp, 15 Rue Petrarque, Paris, France, a Canadian nurse with many friends in her native land, is in charge of a residence for nurses in Paris, at which several Canadian and American nurses expect to stay when they visit Paris this summer.

The usual monthly meeting of the Toronto Registry of Graduate Nurses took place on Monday, April 5th, 1909, eight members being present. Miss Graves took the chair for the evening. Treasurer's report—Registry calls, 173; money in savings bank, \$651.54; current account, \$133.77; on hand, \$15.00; members on registry, 278; applications for membership, 1, which was accepted. Resignations—Miss Meyers' resignation was read and accepted and Miss Argue appointed convenor for the balance of the year. Miss Barwick's resignation was also accepted and Mrs. Downey of St. Luke's, Hospital, Chicago, was elected registrar in her place. Five applications for registrar were submitted to the committee. The subject of honorary members being retained was discussed, and it was decided that they be retained, but only allowed to vote when there was only one representative present. The word "honorary" to be changed to "chartered." Miss Barwick in her usual kind and courteous way entertained the committee and the meeting adjourned to the first Monday in May.

A quiet and charming wedding took place last month when Frances, daughter of Mr. W. J. Standen, 19 Isabella Street, was married to Mr. James Alexander Lennox, of Fairview Farm, Ivy, Ontario. The bride was at home to her friends in an informal manner a fortnight previously, and many of her friends took the opportunity to wish her much happiness. The wedding took place at College Street Baptist Church, and the bride wore a grey travelling suit with a corsage bouquet of orchids.

On Wednesday, March 31st, Miss Snively, superintendent of the Training School for Nurses of Toronto General Hospital, gave a most pleasant reception to Miss Thorpe, who has been in charge of the operating theatre of the hospital for some years. It was a "house party," very few outsiders being present, and was very much enjoyed by Miss Thorpe and her friends. Miss Thorpe received from the Training School two beautiful silver entree dishes and from the surgical staff of the hospital, by whom her services are greatly appreciated, a valuable case of cutlery.

Mrs. Staebler, lady superintendent of Stratford General Hospital, gave a very practical demonstration of the care of a sick-room, of the patient, bed-making, bathing and use of bandages, etc., in the Sunday School room, Knox Church, Tuesday, March 23rd, before a large audience of ladies. Mrs. Staebler was assisted by a pupil nurse-in-training at the hospital, who carried out her work very deftly, eliciting applause from the entire audience. In all the meeting was a splendid success, and valuable instruction was received by those present.

At the last monthly meeting of the Pierce County Graduate Nurses' Association, held at the Fanny Paddock Hospital, delegates to the National Alumni Association at Minneapolis and to the State Association were chosen. The representative to the National will be Miss Edith Weller, R.N., of the Northern Pacific Hospital; to the state convention to be held at Seattle June 16 and 17, are Misses Harmer, Melroy, Jones and Juergens. The Pierce County Association has a membership of seventy-five and is in a prosperous condition.

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# BOVRIL



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WE SOLICIT YOUR TRADE

Miss Thorpe, well known among the profession in Ontario as the head nurse for years of the operating theatre at the T. G. H., will be married early in June to Mr. Wayling, formerly of the ranching district of the Canadian West. She will be married quietly from her home in Sharon, and the wedding trip will be to the Pacific coast. On returning, her new home will be in North Toronto.

Mrs. Bezanson (Miss Dorothy Robillard), a graduate of New York Hospital and the daughter of Dr. Robillard, Medical Health Officer of Ottawa, who went to Edmonton in 1907 to practise her profession, and was shortly afterwards married to Mr. A. M. Bezanson, died recently away up the Peace River Valley, whither she had gone with her husband and sister. Very great regret is felt at her death and much sympathy goes out to her relatives.

The many friends of Miss A. R. Cleland, of Vancouver, B.C., will be very glad to learn of the improvement in her health. Last August Miss Cleland had an attack of ptomaine poisoning. Multiple neuritis followed. She has been confined to bed for five months. While still suffering intensely, the doctor believes there is every hope now of her ultimate recovery.

The Board of the Children's Hospital of Winnipeg has issued the following appeal, which we hope will be very successful: "A great Frenchman has said, 'Your country has need of all your children, and humanity demands your best efforts on their behalf.' In answer to numerous enquiries regarding the proposed Children's Hospital, the Provisional Board wishes to draw attention to the following: It is an undeniable fact that the present accommodation for sick children is totally inadequate for the rapid influx of immigrants, the majority of whom are obliged to live under crowded and unsanitary conditions. It is the aim and object of the Board to establish a hospital for children of people unable to pay for private accommodation or skilled attendance in their own homes. There will be no personal canvassing of houses, offices or stores. Will you help? Mrs. J. H. R. Bond, president, 167 Donald St.; Mrs. W. S. Grant, secretary, 343 Wardlow Ave.; Mrs. Geof. Walker, treasurer, 118 Scott St."

At the last meeting of the Alumnae Association of the Hospital for Sick Children, the nurses formed a society to be known as the Heather Club, the officers being: Hon. President, Mr. J. Ross Robertson; President, Miss Josephine Hamilton; 1st Vice-President, Miss Ella Jamieson; Recording Secretary, Miss Fellows; Corresponding Secretary, Miss Moody; Treasurer, Miss McQuaig; Directors—Miss Sale, Miss Mary Grey, Miss Isaac. Miss Brent, superintendent of Training School, joined as an active member, and is proving herself to be delightfully so, in supplying the first work for the society in the discharged tubercular patients from the hospital. Dr. Porter and Dr. Elliott have helped much in outlining the needs of the tubercular patients in their homes and in encouraging us in the effort to help them. The membership fee is 25 cents. We wish all friends of the cause to become members, pay fees and give and solicit donations. The object is to help all tubercular children in their homes, and the parents in the care of them and

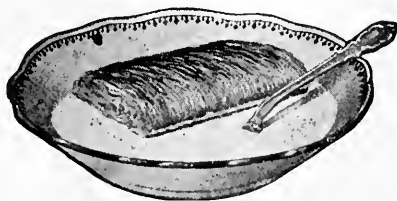


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the protection of other children in the homes. We hope soon to appoint a salaried trained nurse to supervise the work.

The Rev. A. S. Grant, M.D., from the Yukon, addressed the members of the Toronto General Hospital Alumnae Association at their regular monthly meeting for April. In his talk on "Life in the Far North," he told of the progress made in the Yukon since he went in in 1897. In that year one hundred thousand crossed the passes into the land where all expected to make their fortunes. The great majority became discouraged in a few years and this combined with improper food and sanitation brought many patients into the Good Samaritan Hospital, which was built by Dr. Grant at the same time as St. Andrew's Presbyterian Church. To-day the journey to Dawson, from being a difficult and perilous one, has become a real pleasure trip, and the country itself has few of the unpleasant features we usually credit to it. The winter is cold, the thermometer averaging 50 degrees below zero, but the dryness and rarity of the atmosphere make it very agreeable. The spring, however, has a charm of its own in the return of the sun, which comes as a welcome friend after the prolonged darkness of the winter. The new St. Andrew's Church, which has taken the place of the old log building, is a fine \$45,000 city church with a \$15,000 organ, the first good pipe organ in the Yukon.—Press report.

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#### BIRTHS.

McCallum.—To Mr. and Mrs. John McCallum, Dauphin, Man., twin girls.

Mrs. McCallum was Miss Hyde, class 1909, T. G. H.

Kyles.—On April 4th a son to Dr. and Mrs. Robert Kyles. Mrs. Kyles (nee Miss McArton) is a graduate of the T. G. H.

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#### MARRIED.

De Bourgneuf-Cassel.—On March 31st, 1909, at Winnipeg, Man., Mary Cassel, graduate of Toronto General Hospital, Toronto, Canada, class 1891, to E. R. de Bourgneuf, of South Junction, Man. Mr. and Mrs. de Bourgneuf will live at South Junction, Man.

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#### THE UNITED STATES.

The Associated Nurses' Alumnae of the United States have now taken over as their own property this splendid nurses' magazine, and own all the stock of the company which publishes it.

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#### EXAMINATIONS AT TRAINING SCHOOL FOR NURSES

At the examination for nurses recently held in the Training School of St. Joseph's Hospital, six were successful in obtaining diplomas. Among the graduates is Miss Frances O'Leary, who obtained a very creditable standing. The graduation exercises were of a private nature as the greater number of the class are sisters.

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### INTERNATIONAL CONGRESS OF NURSES.

We learn from the "British Journal of Nursing" the latest news of the International Congress of Nurses and Exhibition, July 19 to 23, 1909.

The principal meetings will be held in the Council Chamber at Caxton Hall, arranged to hold about 400, so that women's voices need not be strained to reach the audience, and the following important subjects will take precedence:

1. The International Standard of Nursing Education.
2. The Nurse in Private Practice.
3. The Nurse as Citizen.
4. Morality in Relation to Health (for women only).
5. The Care of the Insane.
6. The Nurse as Patriot.
7. The Nurse in the Mission Field.
8. The Relations of Nursing and Medicine.

A small hall has been reserved for conferences on questions of interest such as Thrift and Provident Nursing, Preventive Nursing, Professional Journalism, etc., and the committee will be pleased to hear from any nurse who wishes to suggest questions for discussion.

The Hon. Albinia Brodrick has kindly consented to act as Chief Steward in charge of the Congress Halls, and will be supported by a dozen ladies who are linguists.

Miss Beatrice Kent will act as Chief Steward in charge of the Exhibition, and will have several ladies to help her in this interesting department.

Miss Beatrice Cutler, with assistants, will supervise the Bureau of Information, which will be no sinecure, and see generally to the happiness and comfort of our guests.

### The Exhibition.

Good progress is being made with the Exhibition of Nursing Appliances, etc. The Irish Nurses' Association, always up and doing, will organize an Irish Nursing Exhibit, in which gynaecological and abdominal nursing will play a prominent part. A committee, of which Miss MacDonnell, R.R.C., is secretary, is already at work, and Irish nurses wishing to help should address her at 86, Lower Leeson Street, Dublin, marking their letters "Congress Exhibit."

The District Nursing Exhibit is being arranged by Lady Hermoine Blackwood, Queen's Nurse, and Miss E. L. C. Eden, Organizing Secretary of the Nurses' Social Union. This exhibit will be in a small room to itself opening out of the Exhibition Hall, which is very light and convenient. St. Bartholomew's Hospital Nurses' League will organize the exhibit of operating room and ward appliances, made by and used by nurses. The Leicester

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of the adolescent girl is frequently the precursor of pulmonary tuberculosis. Prompt attention to the patient's hematinic needs often prevents bacillary infection.

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Infirmiry Nurses' League will arrange to show the dressings and appliances used in nursing the "head" (brain, skull, eye, ear, nose, mouth and throat). The St. John's House Nurses' League take maternity nursing, a specialty in which they appear highly expert, to judge from the beautiful exhibit at our last little exhibition in 1906. The Registered Nurses' Society will look after nursing literature, photographs, badges, pins, and brassards. Other sections are on the way, and from our American and foreign guests we are looking forward to help in making the nurses' practical exhibits full of interest. Next week we shall announce the prizes which are to be offered—(1) for the best sections, and (2) for nurses' inventions.

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### THE NEW AMERICAN HOSPITAL IN PARIS.

It is expected that the new American Hospital in Paris will open its doors to the public during the next two or three months. It will fill a long-felt need, as Americans have suffered greatly, during illness, from lack of such a place. They will now be able to have all modern comforts, and the best of care among their own people, as the doctors and nurses are all Americans, or American trained. Mrs. Dean, who for many years filled the position of lady superintendent at Mount Sinai Hospital, New York City, has been asked to accept the same position in this hospital. With a staff of good doctors, and a woman as capable as Mrs. Dean to manage things, the success of the hospital is assured. The directors have wisely chosen for the hospital site, a quiet spot, just out of the city, away from all noise and dust. The present building has accommodation for twenty-six patients; it is surrounded by a delightful garden, a most desirable thing for convalescents. There are large sun terraces on the roof, which are reached by two elevators, each built to accommodate a bed. In this way patients can always have the advantage of both sun and air. The operating-room is one of the best, with every modern appliance. The heating will be furnished by a brass tank, built in one of the walls. There are two good-sized wards, eleven private rooms, with sitting rooms, dining rooms, bath rooms, etc. The institution is designed for all classes in the growing American colony—students, artists, and business people.

The American people here have been more than liberal in contributing towards this most excellent and necessary building. M. A. T.

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### THE WINNIPEG CHILDREN'S HOSPITAL

About a month ago there occurred in Winnipeg an event to which the "Canadian Nurse" has long looked forward—the opening of the Children's Hospital in Winnipeg. Surely this is a cause for joy. Children's hospitals do so much good and save so much suffering.

Never a good deed is done in this world but somebody does it. In this case the good and kind person—the John Ross Robertson of the Winnipeg Children's Hospital—was Mrs. Bond. Mrs. Bond is the father and the mother of the institution.



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MAX J. WALTER, Superintendent

"And let us say just a word in passing of the noble unselfish woman who has made all this good possible—Mrs. J. H. R. Bond. For years she has worked bravely, meeting with rebuff and opposition at first from many who now support her efforts. No one knows but herself of the discouragements she faced and obstacles she overcame. She will not speak of them but smiles happily, for has she not achieved the first step in her march to the relief of the suffering? Mrs. Bond is a trained nurse, and accompanied the English army on its expedition into Egypt and South Africa. She has several medals stowed away somewhere which bear testimony to the excellent services she rendered to her majesty's men in the time of their need. During her long term in England's largest hospitals the claim of the little children always appealed to her strongly. Since her arrival in Winnipeg the deplorable condition of the foreign element which swarms the north end, has added fuel to the fire of ambition to help the children. To-day this good lady sees the modest beginning of the realization of her labor."

The Mayor of Winnipeg, Mr. Sanford Evans, officiated at the opening of the building on Beaconsfield Street, which is to be the home of the new hospital, which commands a lovely view of the river and beyond. Hon. T. M. Daly and others spoke and refreshments were served. The superintendent is Miss Elsie G. Fraser, of London, Eng. The staff is Drs. J. R. Jones, Moody, Bjornson, McKenty, Nichols and Todd. A very large number of visitors showed their interest by attending the opening.

"The first patient arrived Friday afternoon in the mother's arms. He was a tiny, dark, shrivelled little Russian baby of four months. He was too weak and feeble to cry. His mother was a young bonnie girl, whose pretty face was beginning to show the lines that poverty and worry leave in their wake.

"The father of this pitiful little mite of humanity has only been in this country a short time, and finds it impossible to obtain work. This renders the little family practically destitute and they are forced to huddle together in unsanitary quarters of diminutive dimensions. It was from this scene of cold and squalor that the wee chap was carried to that beautiful snowy haven, which is to provide health and happiness for all the little ones who enter its hospitable portals.

"The heart-broken mother laid him in the arms of that sweet-faced gentlewoman, Miss Fraser, who is the matron of the hospital. She carried the little sufferer gently away, bathed him and dressed him in dainty warm garments and laid him tenderly in the pretty cradle which some good mother thoughtfully donated. A doctor was called and diagnosed his case.

"He is only the first of hundreds which will be brought in search of health to this old brown house, with its inviting interior. Ere long the snow will disappear under the benign persuasion of spring's balmy zephyrs; the trees will send forth their green leaves, and the spacious lawn surrounding the old house will be covered with little ones, who will draw in life and happiness with every breath of the pure ozone.

"The hospital will take ailing children from the arms of their helpless foreign mothers who are at sea in this new land. They will get a good start on the stony road of life."



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## The Nurse's Library

Primary Studies for Nurses: A Text-Book for First Year Pupil Nurses. By Charlotte A. Aikens, formerly Superintendent of Columbia Hospital, Pittsburgh, and of the Iowa Methodist Hospital, Des Moines. Philadelphia and London: W. B. Saunders Company, 1909. \$1.75. Toronto: J. A. Carveth & Co. The newest nursing text book is new in plan and contents as well as in time. Our readers do not need to be told that Miss Aikens' style is admirable for teaching purposes, and no one could fail to note how clearly and accurately every subject is presented. One of the virtues of the book is its completeness. It deals with everything necessary to the work of the junior nurse, including anatomy, physiology, hygiene, bacteriology, therapeutics, materia medica, dietetics and invalid cookery. The book abounds in common-sense hints and directions and is evidently the product of the writer's long experience and careful thought on nursing subjects. The illustrations, over one hundred in number, add much to the value of the book, which is a satisfactory and important text-book.

The Annual Report of St. Vincent de Paul Hospital, Brockville, Ont. conducted by the Sisters of Charity of the House of Providence, Kingston, for the year ending December 31st, 1908. This report is an excellent one, and shows that 893 patients were admitted during the year, more than one-half of whom were unable to pay for maintenance. The report is handsomely printed and illustrated, and we have read it with great interest.

The Medical Inspection of School Children. Price, one shilling. London: The Medical Officer, Whitefriars Street, E.C. This little book of sixty pages, bound attractively in grey paper, contains five lectures delivered at the West London Post-Graduate College. One general introductory lecture is followed by four others on Skin Diseases, the Eyes, the Ear, Nose and Throat, and the Teeth. They are all by medical experts, and to a school nurse, or a district nurse, would not only be helpful, but very interesting.

Three books of the Gulick Hygiene Series have now been published: Book I, Good Health; Book III, Town and City; and Book V, Control of Body and Mind. Two are in preparation or in the press: Book II, Emergency Book, and Book IV, The Body at Work. These five volumes form the best series of books on school hygiene for scholars that there is, and we commend them heartily to our readers.

We are indebted to the Superintendent, Miss Morton, for a copy of the Annual Report of the General and Marine Hospital. We note that there were 92 operations performed during the year, and that the hospital has been filled to its utmost capacity. The nurses are rejoicing in the gift of a new sewing machine, and are only waiting for the piano which they will get some day soon.

The Instructive District Nursing Association of Boston has just published its twenty-third Annual Report. The association has for its object to provide and support nurses who shall care for the sick poor of Boston in their



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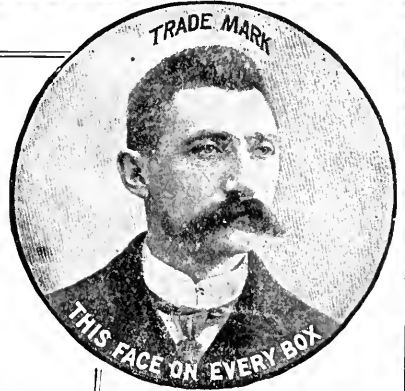
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own homes. They do a great work in Boston, and the report, which is illustrated with interesting photographs "taken on the spot," is well worth reading.

Practical Dietetics: Alida F. Pattee, Mount Vernon, N.Y. Miss Pattee's excellent work on dietetics, of which she is both publisher and editor, has now reached the fifth edition, since July, 1903. This speaks volumes for the book, which we have great pleasure in commending again to our readers.

The Health Education League of 113 Devonshire St., Boston, Secretary, Rev. Geo. H. Cate, has published the following valuable booklets: No. 1—Hints for Health in Hot Weather; two cents each, \$1.50 per hundred. No. 2—Milk; by Charles Harrington, M.D.; three cents each, \$2.50 per hundred. No. 3—"Colds" and Their Prevention; two cents each, \$1.50 per hundred. No. 4—Meat and Drink; by Ellen H. Richards; three cents each, \$2.50 per hundred. No. 5—Healthful Homes; four cents each, \$3.00 per hundred. No. 6—The Successful Woman; by William R. Woodbury, M.D.; four cents each, \$2.50 per hundred. No. 7—The Boy and the Cigarette; by H. Sterling Pomeroy, A.M., M.D.; five cents each, \$3.00 per hundred. No. 8—The Care of Little Children; by R. W. Hastings, A.M., M.D.; three cents each, \$2.50 per hundred. No. 9—The Plague of Mosquitoes and Flies; two cents each, \$1.00 per hundred. No. 11—Tonics and Stimulants; by Ellen H. Richards; two cents each, \$1.50 per hundred. No. 12—Emergencies; by Marshall H. Bailey, M.D.; eight cents each, \$5.00 per hundred. No. 13—Microbes Good and Bad; by Anne F. Rogers; four cents each, \$3.00 per hundred. No. 14—The Care of Babies; by Gaetano Praino, M.D.; wall card (10 x 14) in Italian; three cents each, \$2.50 per hundred. No. 15—The Efficient Worker; by Ellen H. Richards; four cents each, \$2.75 per hundred. No. 16—Sexual Hygiene; by an experienced physician; four cents each, \$2.50 per hundred. No. 17—Health in Labor Camps; three cents each, \$1.75 per hundred. No. 18—Tuberculosis (Consumption); by Edward O. Otis, M.D.; five cents each, \$3.00 per hundred. Samples of these booklets will be sent postpaid to any address on receipt of price. We have nothing but praise for these little books. They are reliable, scientific and timely. They have been distributed in thousands by hospitals, schools, churches, and business organizations. They have done much good and will do more. District nurses, school nurses and others among our readers will find them a great help.

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# The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. V

TORONTO, JUNE, 1909

No. 6

## A HOSPITAL NURSE OF THE OLD SCHOOL

It is an irregular, beautiful, sleepy old town in the west of England. There were no factories, smoke stacks, or street cars in the—not so very long ago. There is an old legend that a town had flourished and decayed ere our Roman conquerors established a city there in the First Century.

There is a curious old world air about the place and it is almost painfully respectable. Most of the houses are of stone; many of the public buildings are ancient. The Parish Church has celebrated its five hundredth birthday, and it is built on the site of an abbey whose founder has been dust for a thousand years.

A pious bishop founded the hospital over seven hundred years ago. Part of it is built over a mineral bath where the Roman soldiers splashed and joked, while the conquered Britons painted their bodies with woad and the Druids cut the sacred mistletoe and offered human sacrifices on their stone altars in the old oak groves. The hospital is built on the top of a steep, narrow, solemn, stone-paved street. In the dim past two storeys were added, and many years ago a small wing was built that covered every inch of the ground; it is still called the new wing and will be so called until it crumbles to dust centuries hence.

Up a short flight of stone steps are massive oak doors. Inside used to stand during duty hours a large and magnificent hall porter, dressed in a plum-colored frock coat with brass buttons and a tall silk hat with a broad gold band around it, which gave him the appearance of a compromise between a fashionable footman and the parish beadle in *Oliver Twist*.

The basement contained the kitchens, store rooms, nurses' dining-rooms, etc. From the long stone passage that forms the first floor open the offices, outpatients' departments, a tiny chapel with stained glass windows containing a pipe organ, and a huge board room. The massive mantelpiece, wainscoting, floor, table and chairs of the board room are of beautiful old black oak. Around the room hang large oil paintings of departed benefactors, some in powder and periwigs, who have looked down placidly on generations of boards of directors. The second storey was devoted to the male patients and the third to the females. The top storey was occupied by dormitories for the female staff and the children's ward.

The hospital was supported by endowments and voluntary contributions and never took in any paying patients. The directors were all middle-aged or old men, the majority retired army or navy officers of much leisure, and greatly impressed with the solemnity of their responsibilities regarding the

institution. The senior visiting doctor was a fine old gentleman of nearly 90, and the junior a comparative boy of 48.

There were two resident medical men of guaranteed gravity of deportment. There was no matron, housekeeper or lady superintendent. There was a so-called head nurse but she had no shadow of authority and was merely a concession to Mrs. Grundy. The hospital was splendidly managed in a routine way, by a middle-aged bachelor superintendent, an ex-naval captain, kind of heart but grim of aspect. He knew every corner of every cupboard, every cracked cup or crippled broom, how much soap it took to wash twenty faces, and how many inches of tape were required to make strings for an old lady's night-cap. He was a tremendous martinet, and governed the hospital and staff as nearly as possible as he had governed his own ship. Woe betide the unhappy nurse who made a mistake in her daily diet sheet, or who entered the chapel ten seconds after the stroke of the clock when it was her turn for service. A kind of naval court-martial would be held over her iniquities, and she would leave the office in a limp and crushed condition, but thankful to have escaped being hanged at the yard arm.

The majority of the nurses were the daughters of farm laborers or servants from the surrounding rural districts. None were educated, a few could barely read and write, some had been in the institution for many years, and their uniform had probably not been altered for centuries. It consisted of a wide, roundabout skirt, and shapeless bodice of old-fashioned lilac print, large apron, white kerchief, and big frilled white cap covering hair and ears. All the nurses had one excellent quality, it was that of implicit obedience. No technical knowledge was taught or required of them, their duties were to keep the rules, and do as they were told, and very thoroughly they acted up to their instructions.

They went their little round, year after year with no change, duty, meals, sleep and a short walk for recreation and a yearly holiday for those who cared to take it. They had no social life, no sitting room, and the dining room was only used for meals. In the event of rare visitors they saw them only in the hall under the cold eye of the splendid porter. They were all utterly ignorant of books and only one or two read an occasional newspaper.

Thirty or more years ago a ripple of the wave of hospital reform struck that venerable pile and during the oscillation an idea occurred to one of the Governors that perhaps, they were a shade behind the times. So after many agonized meetings the Board decided in the event of a vacancy occurring on the nursing staff they would fill it with new blood from a training school.

The dreaded happened, and the old doors were opened in fear and trembling to admit a nurse still in her teens.

It was a tremendous change for the nurse of the new school who had left a large hospital in a huge manufacturing city, where the patients were nimble of tongue and hand, a contrast in every way to her new surroundings, and oddly out of place she felt in a hospital where the patients never left the wards from the time they were admitted until they were discharged.

Where beer was part of the daily ration, and the atmosphere a mixture of hospital, penitentiary and church. Shortly after the advent of the nurse of the new school the board made another timid concession by adopting a modern uniform for the old staff.

When the new uniforms were distributed one nurse looked so greatly troubled that the kind Superintendent told her in his fiercest manner that she should keep to the old style if she wished.

Where all the old staff were women of mature years, and some elderly, with ten, fifteen and twenty years service, this nurse stood apart. 'She was rather short and quite stout. Her face bore the stamp of age, but her skin was a lovely pink-and-white, the kind of complexion only found in a damp climate under conditions of perfect health. Her beautiful, large, widely-set gray eyes were as clear as a child's, she was slow of movement, gentle of speech, quiet, reserved; had been the children's nurse for nearly fifty years, and was called Nurse Is'bel.

Nurse Is'bel's ward was on the top storey, her bedroom near it, and opposite, up two or three steps, was the flat top of part of the building, which formed a turret-shaped inclosure called the "leads." Nurse Is'bel wrote with difficulty and could only read the plainest directions, she would have been incapable of filling a modern nurse's statement; she used every-day terms. With her a "compound fracture" was a broken leg, and laryngitis a sore throat. She had never been known to forget a direction or to fail in carrying it out. She was sweet tempered, placid, absolutely healthy; had a magical touch with children, and they all loved her passionately. Except in extreme cases she managed the ward entirely by herself by day. A nurse from the women's flat looked after it at night.

Nurse Is'bel only went out occasionally, she would walk around in her old-fashioned bonnet and shawl, then go into the old church for a time whether service were going on or not, and return with placid satisfaction to the children. She never gossipped or "chummed" with other nurses, not from any aloofness, but because she was only completely at home among the little ones.

This sweet old nurse had a great attraction for the nurse of the new school, who feared to cross an invisible barrier, but watched with curious interest and frequently played eavesdropper at the ward door, when Nurse Is'bel talked to the children in her odd drawl, or sang them to sleep with queer old hymns. One seemed a special favorite and was often sung by request, the children called it "Jordan." Sometimes she would tell them about Heaven, a place that seemed to her to be much like the beautiful landscape she saw from the ward windows, only glorified a million fold. It appeared to be a flower-covered country of hill and dale, silver streams, happy children, and shining ones with big golden wings. The leads were very rarely used by anyone, but occasionally Nurse Is'bel would go out for a minute to look around the earthly resemblance to her children's Heaven. One peaceful summer night the nurse of the new school found her seated on a jutting stone, she looked down at the dear old face framed in the white cap, and obeying some impulse she stooped and kissed the sweet pink

cheeks. Nurse Is'bel looked up in gentle surprise, and said, after a pause, with a little smile: "Nobody has kissed me for forty years except the children." From that time a friendship grew up between the Old and the New, an almost silent friendship, but that night Nurse Is'bel's story was told.

She was the daughter of a shepherd, who had married late in life, she left the Dames school in the village at ten years of age when her mother died of typhus fever, and kept her father's house until he died; before his death she married an under gamekeeper, who had gone to live at her home that the old shepherd might not be left alone. She had been quietly happy in the old thatched cottage with the old-fashioned garden, among the flowers and bees and her humble household duties, and was expecting an added happiness, when her young husband was carried home one morning, shot through the lungs by a poacher. He lived a few hours and died with words of love and pity for her on his lips, and his hand resting on her bowed head. In a few weeks she laid her baby by her husband's side and turned to face the unknown world alone; she could have gone to service at one of the neighboring farms, but she felt out of joint with the place and longed to go away. She remembered, sadly, the only holiday she had ever had, the day she was married, when her husband took her in the carrier's cart to the town some fourteen miles away and had pointed out the old hospital where he had spent a few weeks as a boy, when his leg was broken. It occurred to her that she might get a place to nurse the sick. So she climbed into the carrier's cart, and being engaged at the hospital she returned to dispose of her modest furniture; with her old oak chest, and a few household treasures, an old-fashioned silver watch, a tea caddy "from furren parts" and a copper warming pan, she took a tearful farewell to the only home she had ever known. The big doors of the hospital closed upon her, and she took deep root in the grim old building. She was moved from ward to ward, and at last found her true niche among the children. Generations had passed through her loving arms, some to go to the Heaven she seemed so near to, others to go out into the world to have children and grandchildren of their own.

The nurse of the new school had been gathering age and new experiences for a year or more, when she remarked to one of the house physicians that Nurse Is'bel looked a little altered and shrunken. She was the only one of the staff allowed to go up and down in the lift. One day it was out of order and she walked up stairs after dinner. On reaching the third storey she had a violent attack of pain in her side, and would have fallen, but for timely assistance, she recovered almost at once and assured the doctor that she was quite as well as she had been all her life.

At the monthly meeting of the directors the nurse of the new school was told to ask Nurse Is'bel to go to the board room. Going "before the Board" was always a trying ordeal even to the most innocent, and Nurse Is'bel reached the room somewhat pale and shaky. One of the directors got up and pulled forward a chair for her. The nurse of the new school started to leave, but at a signal from the secretary remained. The old, carved, high backed chair made a fitting background for the big white cap



and the beautiful old face. There was a full Board, and the faces were turned in sympathy to the quaint figure at the end of the long table. The scene was so unusual that there was silence for some seconds, and even the framed faces in powder and periwigs seemed graver than usual.

At length the white-haired, kindly, polished old President said: "Nurse Is'bel, we have been talking about you and your long service, and we have come to the conclusion that we should be for ever disgraced if we allowed such a valuable, unspeakably valuable old servant of this institution to work herself to death. We have had a chat with the doctors and they agree that you should have a long rest. Owing to your devotion to, and your success with your little charges, you have been allowed to remain on duty many, many years after your pension was due. No doubt you have saved something, and if your pension and savings are not enough to keep you in comfort, I assure you these gentlemen and myself would feel it an honor, a great honor to be allowed to supplement it, so that you may quite depend on every care for the rest of your life.

"Have you any friends or relations with whom you could live?" "No," she said, beginning to cry very softly. "I could get lodgings, or p'raps a cottage. I don't know," she said vaguely. "I am sure," continued the chairman kindly "your wishes shall be consulted in every way. You see, Nurse, there comes a time to everyone who lives the allotted span, when he or she has to drop some of the threads of life. Look around on these gentlemen, some had to leave the Navy, others the Army. Not because they had outgrown their usefulness in their professions, but because they had reached a certain age. We are still of some use in the world, I hope, and it would be the same with you, you have always had such splendid health that we hope you will live for many long, useful years. In what way can we meet your wishes?" Nurse Is'bel looked slowly around the kind faces, then her eyes dropped to the floor, and she appeared to be lost in thought. The Board remained perfectly still to allow her time. Only the ticking of the long brass faced clock broke the silence. At last she suddenly clasped her hands tightly together and her face grew drawn and white as she said in fearful agitation. "Oh, Sir, don't 'ee send me away till the spring, I come here in the spring. I could get a little garden and some bees, and have summat to do. I can't go till the spring. I don't sleep much now the winter's a comin' on and the days and the nights 'ud be so long without the children. I know I'm getting old and must go some time, but oh, Sir, don't 'ee send me away till the spring. I can't go till the spring."

"My good soul, my good Nurse, pray, pray do not agitate yourself so," said the chairman in a husky voice. "I beg you will not distress yourself, my dear, good Nurse, we will have a further talk with the doctors and see what can be done, and you shall stay till the spring if you wish to."

So Nurse Is'bel returned to her little world, and fulfilled her duties with added gentleness, if that were possible.

It was a beautiful evening a few weeks later, and still perfectly light though the hospital was wrapped in its nightly stillness. The nurse of the new school had gone off duty, and was passing on her way to the leads, when

she heard voices in the children's ward. She pushed open the door quietly and looked in. Nurse Is'bel was bending over a cot and saying: "Now do'ee go to sleep like a good little gel." "I don't want to go to thleep, I won't go to thleep," said a shrill little voice, and a small foot gave a vigorous kick at the bed clothes. "I want to thit up on your lap, let me thit on your lap." Nurse Is'bel looked around and found the children, to all appearances, sound asleep, so she took up the restless little bundle and carried it to her favorite window and sat down in a big, low, wooden chair that had held hundreds of sick and restless little ones, she put one foot on a has-sock and the child cuddled happily down. "Thing," she said "thing Jordan." "Hush, my lamb, and I'll sing to'ee," said Nurse Is'bel, softly, and she began the hymn the children loved. As she sang she slightly swayed her body, backward and forward, as her foot beat time on the floor:

On the other side of Jordan,  
In the sweet fields of Eden,  
Where the tree of life is blooming  
There is rest for you.  
There is rest for the weary.  
There is rest for the weary.  
There is rest for the weary.  
There is rest for you.

The nurse of the new school slipped on to the leads and stood looking across miles of lovely country, and dreaming dreams until she was aroused by the sweet chimes of the old church to the fact that the evening was closing in.

On her way to the dormitory she went into the children's ward and crossed to the little group in the window. The child was still clasped in the nurse's arms and was fast asleep. The hymn was ended. Nurse Is'bel's head was resting against the back of the chair, her eyes were softly closed and she, too, was fast asleep, but her gentle soul had passed through the tender twilight to "The other side of Jordan."

Winnipeg.

ANNIE A. BOND.

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### PROBLEMS OF THE PRIVATE NURSE.\*

Each nurse has her own particular problems to wrestle with and probably no two find the questions that confront them exactly the same. I do not know what yours are, but perhaps in speaking of some that I have known during many years of work, I may unconsciously include yours.

#### How Can I Fit My Environment?

It is such a constantly changing environment that those who have a love of variety find a stimulus in the very uncertainty of what may come next, while peace-loving souls are sometimes thwarted and harassed in their chosen careers by being so constantly upset in their plans.

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\* Read before the Graduate Nurses' Association of Ontario.

To no class of people can we apply more aptly the old motto—"Ut Migraturus Habita," Dwell as if about to depart,—for we are always departing, with our hearts in our mouths, to greet a new group of people, to make part of the life of a new household, to accommodate ourselves to new circumstances. We hardly have time for necessary rest between cases, after we have become known, if we are really useful nurses. Even if the registrar of the directory says sternly in answer to an inquiry: "Yes, Miss Smith is in, but she is not ready for another case yet," it does no good. The gruff voice at the other end of the line says: "You give me her number. She'll come to us, even if she is tired, when she knows we want her," and she goes, of course. We must sometimes quote to ourselves ruefully, "For here have we no continuing city, but we seek one to come."

Well, if this is our lot and we have chosen it, why not face it good-humoredly and make the best of it? How much better to be wanted than to be idle! How much better to be busy than not to be busy enough! Let us not waste an ounce of precious strength in complaining, but fit ourselves to the odd life, having two sets of everything, from underclothing and tooth-brushes to work baskets and writing materials, so that one set may be neatly packed and ready to fly with us, the other just where we want it in leisure moments at home.

As to the people and households into which we go, what a study they are, high and low, rich and poor, tidy to the point of wearying squeamishness; careless to the point of shocking one. How stupid life would be if people were alike as tenpins.

The only way to endure such changes at all is to really like human beings, to really enjoy trying to fit ourselves to their interests, and when things are sad or trying, to determine we won't give up looking for the bright spot we know is lurking somewhere. Nothing is more satisfying than to discover goodness hidden away under an unpromising exterior, and our faith in humanity will be deepened rather than shaken by our experiences if we ourselves are in the right frame of mind and heart.

### How Can I Employ My Waiting Times?

Not in utter frivolity, not in the sort of resting which results in utter blankness of mind, not in the same routine of work, conversation, and thought that occupy us while on duty. Where nurses live together there is a great temptation to indulge in shop talk and shop interests. After a difficult or interesting or very trying case, it is well to talk it out fully, once, with some helpful friend, to get light on perplexities, to gain new knowledge, or to relieve one's feelings, then it is better to drop it from one's mind and turn persistently to other thoughts and interests.

A nurse should gain for herself during the waiting periods plenty of regular, uninterrupted sleep, and plenty of good out-door exercise, these being denied her on most cases, but she should not think that in order to rest she must be without any occupation or interest. "A lack of occupation is not rest, a mind quite vacant is a mind distressed." Both mental and physical power deteriorate rapidly from disuse, and the nurse who spends

all her time off duty in utter idleness and frivolity becomes an uninteresting companion because her mind is so empty.

The nurse who is fortunate enough to have a home to go to will find plenty to keep her busy in the little wholesome daily household tasks, while the other members of the family will keep her alive to other interests than her own. The nurse who is boarding will do well to keep her own room in order, to set herself a daily programme to be carried out—so much housekeeping, so much shopping, so much sewing, so much reading, calls on friends, and at least one lecture or concert, with an occasional attendance at the theatre. To go to the theatre constantly because one has no other means of diversion is a foolish extravagance and shows a character with little resourcefulness.

Happy is the woman who has some small fad to which she devotes herself happily whenever occasion offers, such as music, painting, dress-making, embroidery, knitting, gardening, the study of some language. All these things are full of interest, and when one is waiting long, for an obstetrical case, for instance, and can not go far from home for fear of a call, it is delightful to have some real interest to take up with enthusiasm. It greatly lessens the mental strain of waiting.

### How Can I Keep Up With My Profession?

This is a question which some fail to ask themselves until they have fallen behind so far that they suddenly become conscious of it. The time to begin improving one's knowledge is at the beginning of one's career as a nurse; and the time to stop is never.

Every nurse should keep herself in touch with professional progress by subscribing to and reading faithfully one or two of the best nursing journals. She should occasionally, in addition, go to a medical library or reading room and dip into the medical journals to see what things the doctors are discussing. She should, after five years of nursing, take graduate work, of at least three months' duration, along some line in which she is particularly interested, or some one in which she feels she has grown rusty.

But all these means of advancement are not to be compared in usefulness to that of keeping a close watch over oneself and her work, being on the alert to see where she is hazy or where she has failed. If any case seems obscure to her, she should make a thorough study of it when it is over. If a doctor gives directions which are not clear, she should make sure she has them right, not being too proud to ask for explanations. If she feels that she has come short of any physician's expectations, she could go to him after the case is over and ask him to tell her just what he wants and how. She will find him ready and glad to help her. She should talk with nurses who are better in some lines of work than she is and get ideas from them. She should be alert in gaining new ideas, practical ways of doing things, from every one with whom she works, grandmothers, nursemaids, and cooks. She need not feel in duty bound to accept all the advice offered, but there is a golden mean between this and spurning all. The nurse who

wraps herself in a garment of self-sufficiency and who feels herself insulted by a suggestion will soon come to an end of her usefulness and is to be pitied.

### How Long Can I Do Active Nursing?

This depends on many things, on your constitution, on the kind of work you do, the kind and number of vacations you take, but it depends most on the spirit in which you work.

"A merry heart goes all the day  
Your sad tires in a mile-a."

A nurse who takes herself and her work so solemnly and seriously that it is a heavy burden on her mind and heart all the time, and who can not shake off the care she has been bearing when the case is ended, is not likely to endure for many years. The nurse who tries to carry all the responsibility of a case, the doctor's and the family's as well as her own, wears herself out needlessly. I do not mean that a nurse should cultivate a lack of sympathy and a cold heart, far be that from us. The cold and heartless woman can last indefinitely as far as wear and tear on her sympathies are concerned, but we would not be in her shoes. We need loving hearts, quick to feel with others, in order to do what is best for them, but if we believe in the goodness underlying all of life, we can go through deep sorrow with others without having it eat into our hearts.

In order to hold out, we need to treat our bodies with respect, giving them rest when they demand it; we need to keep our minds in good order by giving them refreshing variety of interests; and we need to allow our souls to grow by not allowing ourselves to grow blind and deaf to the spiritual side of life, thinking ourselves too busy to heed them. And let me not forget to mention that saving grace, a sense or humor.

### How Can I Be of Most Value?

The possibilities within the reach of private duty nurses are tremendous. Think what it would mean to a community if every trained nurse were a health missionary, teaching those who need the lesson the value of wholesome food, exercise, sunlight, fresh air, the danger of patent medicines, stimulants, quack doctors, etc. What if every one of us were well armed with knowledge in regard to preventible diseases and passed it on to those we met. How fast this information would travel and how rapidly people would learn better ways of living.

One thing we are now being criticized for, is our failure of providing some means of caring for people of moderate means. This isn't our problem alone, it belongs to all nurses and to all people, but since the people do not think of it except when they happen to need a nurse, it rests with us to keep agitating the subject among ourselves, with doctors, and with our patients, until we find the best solution.

To have nurses reduce their fees when asked to do so does not get at the root of the matter, most of us do that constantly and unostentatiously, so that the extent of our charities is unknown to our critics, but nurses

with heavy demands upon them cannot constantly reduce their charges without becoming bankrupt themselves.

I believe the best plan that has been suggested is the establishment in each large community of a fund to be used by the visiting nurse association or the central directory or, better, the two combined, by which nurses can be sent out by the hour or for part of the day, the patient paying into this fund according to his ability. Our part now is to rouse interest in this problem and in the establishment of such a fund. Nurses can receive a little less for such calls if they know they are to be employed regularly by the month, as the visiting nurse is, and that they are to lose no time in waiting. It seems to me the plan of the Lady Minto Nursing Association in India is a good model to be followed. Subscribers to this fund have a prior claim to others when a nurse is needed and are given a lower rate.

### What Does It All Amount To?

I do not believe we have often to ask ourselves that question. Nursing brings its own reward daily. To see health and happiness returning and to feel that we have helped a little to bring them, is worth great effort, and nurses are in general so blessed with appreciation for small kindnesses, that they need to pray to be kept from growing puffed up and consequently useless. One thing we should always be glad of is that we are a part of the great army of workers of our own time; that we have not been rendered incapable by illness or impaired faculties, of helping forward the world's progress.

KATHARINE DeWITT, R.N. (U.S.A.)

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### THE WINNIPEG GENERAL HOSPITAL.

The Winnipeg General Hospital, which, so far, has kept pace very creditably with the expansion and development of the city, had its origin in the village days of Winnipeg. In 1871, after the collapse of the Rebellion, the little colony of Fort Garry, enjoyed a considerable boom. Many volunteers who had come up from the East beat their swords into ploughshares and remained as colonists. Other immigrants came in over the Dawson route or by river and cart from St. Paul. Houses were few and overcrowded and when sickness broke out, conditions were such as to render immediate action necessary. A meeting was called by Governor Archibald, a Board of Health formed and steps taken to begin hospital work immediately. A one storey frame house being built for Mr. William Harvey was the best place that could be secured, and this became the first General Hospital of Winnipeg. But the hospital was not destined to become a settled institution without suffering its full share of the vicissitudes of the pioneer. For ten years it moved from place to place, doing the best possible work under the worst possible conditions. The present location reached in 1883, was the eighth occupied. By this time the construction of the Canadian Pacific Railway was well under way and a large up-to-date hospital was a necessity. The building of the "New Hospital" (the central

position of the present building) was a long, tedious and troublesome matter. Its erection was decided upon in 1882, but it was not until March 13th, 1884, that it was formally opened. The cost was about fifty-three thousand dollars. This building, such a source of pride to the directors and citizens of that day, is still doing duty, but is now overshadowed by the wings, annexes and additions that have grown up around it. A separate Nurses' Home was built in 1888, which has since been converted into a wing for private patients. About the same time the Maternity Hospital was built. This still survives and does duty under its original form, but it also is soon to be replaced by a larger, more modern building.

In 1899 the Jubilee Wing, commenced, as its name denotes, during the year of Queen Victoria's Diamond Jubilee, was completed. The writer, a junior nurse at the time, had the honor of being on duty in one of its new wards on the day of its formal opening. This wing was then considered the acme of hospital construction, but now a surgical pavilion is being talked of which will far transcend its glories. The operating rooms with their sterilizing, anaesthetizing, instrument and preparation rooms, are situated on the top floor of this building. A small pathological laboratory has recently been added where examinations of tissue may be made during the progress of an operation if necessary. The larger operating room has an amphitheatre for the accommodation of the Medical School. The private operating room is small, but has an exceedingly good light and is beautifully equipped.

The remainder of the Jubilee Wing is divided as follows:

Ward D.—Male and female semi-private wards, woman's public surgical wards, and two emergency wards.

Ward E.—Public male surgical ward and a corridor of private wards.

Ward F.—Public male surgical ward and a few private wards.

The original hospital building has been converted into Ward A (public men's medical) and Ward B (public women's medical), quarters for the resident medical staff, X-ray department and Board room and offices.

The East Wing was the next addition. This was completed in 1904, and comprises Ward H, male semi-private patients entirely; Ward J, private, semi-private and Eye and Ear Wards, and Ward K, a men's medical ward. On this flat are situated the large general kitchens, where the cooking for the whole institution is done by the staff of Chinese cooks. The latest addition to the hospital proper has been the old nurses' home, which as before stated, has been converted into a wing for private patients and a children's ward. From the children's ward easy access may be had to the lawn, where by the generosity of Mr. G. V. Hastings and other friends of the hospital, a bungalow has been erected, the side walls of which are of netting, and which all summer long is occupied by cases of the type so ably described by Dr. Von Eberts in his paper recently published in the *Canadian Nurse*. No argument could be stronger for the efficacy of the open air treatment of surgical tuberculosis than the appearance of these children at the end of the summer. Unfortunately, however, no provision has yet been made for this class of patients during the winter.

The isolated hospital is situated at far end of the hospital block, and contains wards for diphtheria, scarlet fever, venereal and skin diseases. A temporary frame building, erected by the city during a severe typhoid epidemic, is now utilized as a tuberculosis hospital. It is by no means suitable for this purpose, but Manitoba has but recently awakened to the dangerous nature of this disease and no other provision has as yet been made. Plans for a sanitarium are now completed, and it is probable that it will be erected during the coming summer. At least the Emergency Hospital cares for these cases better than they could be cared for in their own homes and the risk of infection is materially lessened by their segregation from the community.

The total number of beds, including all departments, is three hundred and fifty. The number of patients treated during last year was 5,229, the number of outdoor consultations 9,593, and the number of operations 1,451.

To give further statistics would be wearisome, but enough has been said to demonstrate that, in size at least, if in nothing else, the Winnipeg General Hospital is the most important in Canada, west of the Great Lakes.

The Board of Directors is composed of a number of the best-known men in the city. These men and their predecessors in office have spared neither time, effort, nor money in the cause of the hospital. The business management of the institution is in the hands of Mr. James Cosgrave, who has been associated with the hospital for many years.

Mention should certainly be made of the Woman's Hospital Aid, who are unremitting in their labors. In addition to their work within the hospital, they have equipped and maintain a Convalescent Home, for which there existed a crying need.

The resident medical staff comprises the medical superintendent, Dr. John Gunn, the resident pathologist and his assistant, two senior internes, six junior internes and the pharmacist.

The permanent training school staff is headed by our lady superintendent, Miss Wilson. Serving under her are the night superintendent, assistant superintendent, instructor of nurses, head operating room nurse, head nurse of the eye and ear department, head nurses of private wards, surgical wing; children's ward, maternity hospital, isolation hospital and X-ray department. The nursing of tuberculous patients in the emergency hospital is done by staff nurses and not by the pupils. There are at the present time about eighty nurses in training.

Since the founding of the training school, in 1889, two hundred and twenty nurses have graduated, of whom eighty-three are married, three deceased, thirty-eight engaged in institutional work (of whom eleven are at the head of hospitals or sanatoria) eighty-one are doing private work, four taking post-graduate courses, and seven have retired from active nursing.

Female nurses were first employed by the Board in 1881, but the training school, as such, was not organized until 1887. The first class of five nurses graduated in 1889 after a two years period of training. During the early eighties nursing as well as housekeeping was under the control of a matron.



After the training school was organized these duties were divided, and head nurses appointed with a "supervising head nurse" over them. This cumbersome method was in vogue until 1892, when, on the resignation of the matron, the duties belonging to that position were added to those of the supervising head nurse, Miss Laidlaw, who took full charge as lady superintendent. Those holding this important position since the resignation of Miss Laidlaw, in 1893, have been:

Miss Holland (now Mrs. A. W. Moody), graduate Winnipeg General Hospital.

Miss Patterson, graduate of the Johns Hopkins Hospital.

Miss MacKay (now Mrs. Earl Sargent) graduate of Harper Hospital, Detroit.

Miss Martin, graduate of the Montreal General Hospital.

Miss Wilson, graduate of the Winnipeg General Hospital.

It has been the good fortune of the writer to have worked in one capacity or another under the direction of all of the above mentioned superintendents, with the exception of Miss Laidlaw. Each and all of them labored faithfully for the good of the training school and of the hospital at large. We are as yet too close, in point of time, to their work to see it in true perspective, but even now as we look back upon it, neither we nor they have any reason to be ashamed of it. On them was and is laid the high task of setting the standard for nurses of the West. The highest compliment that can be paid them is to say that they have proved themselves well worthy of their trust.

Until comparatively recent years the training school labored under serious disadvantages. The nurses' quarters were abominably overcrowded, and therefore unhealthy. Unfortunately the expansion of the hospital proper very considerably exceeded that of the nurses' home. This condition has now been remedied and our present home is a worthy part of the institution. The basement floor of this large building is used for dining rooms for the lady superintendent, staff nurses and pupils. A serving room, equipped with steam tables, keeps food and plates properly heated. On the ground floor are situated the reception rooms, library, lady superintendent's apartments and the staff nurses' sitting rooms. By the untiring efforts of the Woman's Hospital Aid these rooms have been appropriately and beautifully furnished. The reception rooms are ideal for purposes of entertainment, not the least of their attractions being a polished hardwood floor. The remaining three floors are used as bedrooms, two pupil nurses sharing a room, and the staff nurses having single rooms allotted them.

The arrangement of work in the wards is essentially the same as in most large hospitals. The large number of departments give the nurses a broader training than is obtainable in most hospitals. Their three years' course is divided, roughly speaking, as follows: Probation, two months; night duty, six months; isolated, three months; maternity, two months; diet kitchen, six weeks; operating room, two months; Margaret Scott Nursing Mission, two months; the remaining months being filled by service in the wards. The training at the Nursing Mission

is very practical and instructive. Two members of the senior class are constantly on duty there for two-month periods each. They gain experience in nursing in the homes of the poor, they learn to manage without elaborate equipment, they see at close range how the other half live, and above all, they come under the influence of Mrs. Margaret Scott, in itself a liberal education. Members of the senior class in turn act as assistants to the night superintendent for terms of two months each. This also is most valuable training, especially to those who contemplate specializing in institutional work.

Practical instruction in the cooking and serving of foods for the sick is given by a dietress, who is in charge of the diet kitchen. This course is especially useful to those whose domestic training may have been deficient at home.

Members of the intermediate class who show special aptitude for the work act as assistants to the head nurse of the eye and ear department. This work has increased enormously of late years.

The domestic management of such a huge institution is, as can be imagined a very heavy task. The laundry occupies a building of its own, near the power house, and has been equipped by the indefatigable Woman's Hospital Aid with excellent modern machinery. Linen is distributed from a central sorting room to the wards, this method making for greater economy than the former system of delivering linen direct from a laundry. Bandages, dressing gauze and all other surgical supplies are also issued from a central sorting room. It may be mentioned in passing that all soiled dressings are collected from the wards and operating rooms, subjected to a cleansing and sterilizing process and used over again. This procedure has had a most happy effect on the bills for dressing gauze—always a very serious item in hospital expenditure.

The female help of the institution is under the charge of a house-keeper, who is responsible for the efficiency of their work. The male employees, including orderlies and cleaners are under the supervision of a steward.

Before closing this very inadequate sketch, some remark must be made concerning the Nurses' Cottage on Coney Island, near Keewatin, on the far-famed Lake of the Woods. Subject to correction, I may say that this is the only instance in Canada where a hospital makes any provision for its nurses during their vacations. Some of the good friends of the hospital, among whom were Mr. William Hespeler, Mr. A. M. Naston and Mr. George Galt were the prime movers in this generous gift. A most beautiful site was donated and a pretty rustic cottage built. It stands at the water's edge: has a large central hall with an open fireplace and seven bedrooms, with a fair-sized kitchen. It is surrounded on three sides by wide verandahs screened in with netting, so that it is quite possible to sleep out on them practically in the open air. Two row boats and a cat boat are provided for the nurses' use and it would be difficult to conceive a more delightful way of spending a holiday than is afforded at Hahaleewis. A chaperon has charge throughout the season and a man and maid of all work assist the

nurses in housekeeping. All accounts are paid by the hospital, and at the end of the season each one is sent a bill for her share of the expenses. The average rate per week is very low indeed, and in future it is hoped that the pupil nurses will not be expected to pay at all. The use of the cottage is not restricted to the nurses employed in the institution, but invitations may be extended to graduates engaged in private nursing, or even to other friends, with Miss Wilson's consent. The cottage is a great boon to all, but especially to those whose homes are at such a distance as to render a three-weeks' trip to them a very expensive matter.

At Hahaleewis one may swing idly in a hammock all day if one wishes or one may go out and get delightfully sunburned on the lake. "Budge," the cat boat, an eminently safe vessel for amateur sailors, tugs invitingly at her buoy and there are many short steamer trips that may be taken about the lake.

The writer very vividly remembers arriving at Keewatin one stifling July night after a most strenuous day in the wards. In Winnipeg the asphalt fairly melted in the heat and the grasshopper was indeed a burden, but when we arrived at Keewatin between eleven and twelve at night how exquisite it seemed.

The lake was so still that every star was reflected in it, and, as the launch churned its way over to the island, one seemed to be sailing in mid-air. As we approached we could see the lights on the verandah and hear the weird sound of the camp call echoing back from the rocks, they were waiting for "the late train." The blessed peace of that night can never be forgotten. My bed was pulled over beside the rail of the verandah, which almost overhangs the water, not a sound to be heard but the drowsy call of a bird or the puffing of a belated launch. In the early morning a little wind began to stir and one wakened to the sound of summer waves splashing along the beach instead of the unmusical clanking of the six o'clock bell. I doubt whether the gentlemen whose generosity prompted this gift have ever fully realized all that it means of true rest for body and mind to those sorely in need of it.

In conclusion I must crave the indulgence of those of my readers who do not belong to the training school of the Winnipeg General Hospital. It is not easy to speak dispassionately of one's own Alma Mater, and if anything here set down seems vainglorious it is the fault of the writer and not of the subject.

I must express my indebtedness to Dr. David Stewart for much of the historical data included in this article.

ETHEL JOHNS.

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### ACROSS THE SEAS AND BACK AGAIN.

I read with much interest Miss Stewart's impressions of the other side of the water; perhaps it may be interesting to compare first impressions of this side.

I came from a hospital in a busy part of London to Canada and visited

some Canadian hospitals. At the first one visited I was struck with the beautiful grounds and country round the hospital, and thought if some of our patients from smoky London could only come here how much quicker they would get well. The air was so beautifully fresh and there was such a feeling of "country" as we stood on the verandah outside. English hospitals seem to be always in the centre of a town, with other buildings crowding them; Canadian hospitals let the sun look in, in turn, at every window.

But, inside, the wards with their white-washed walls—mostly tinted—struck me as looking cold and comfortless and lacking in furniture. I missed the plants and flowers that one always sees in London wards, and that take oh! such a long time to arrange in the busy mornings. The red blankets at the foot of the beds give a look of comfort, to say nothing of their supposed efficacy in keeping off fleas. While it may be advisable from one point of view that wards should be scantily furnished and the surroundings kept as aseptic as possible, there is also something to be said for the mental effect of surroundings on a patient. A touch of bright color, not a variety of colors, is a relief from the colorless monotony of immaculate white, and growing plants and flowers are always enjoyed and help now and then to interest the patient and draw his attention for a little while away from himself and his ills.

On the other hand, although the English may have their fireplaces and the cheery look of a bright fire, their wards are not nearly so comfortably heated or so warm as we like them on this side of the water. The wards are quite as immaculate and orderly, but they are older and so perhaps appear less spick and span and there is so much more to keep in order and so much more dust to get rid of.

In Canada I noticed two different uniforms. In England there are three only. Probationer, staff nurse, and sister—each has her own. I think it is the brand new nurse, not the finished product, who generally wears the jingling chatelaine to proclaim aloud to the world that she has joined the profession. As she gets older she drops it, because it is, as Miss Stewart says, noisy, useless and always in the way.

Outdoor uniform has its advantages and disadvantages. It is easily put on over the indoor uniform and so saves time by doing away with the need of changing when going out, but it is not the wisest and cleanest thing to do to wear in the wards a dress that has been through the dust of the street and in wet weather collected some of the street mud round the edge of the skirt. Its great advantage is that it protects its wearer. A medical student with his bag or a nurse in uniform may go unmolested into the worst parts of the East End of London, and it is there one meets the greater number of cloaked and bonneted nurses. The West End nurse generally dons her civilian costume when she goes abroad and there the nursemaid wears the bonnet and cloak. Is it any wonder nurses are met in such numbers when in one London hospital alone there are nearly eight hundred?

When every village in England has its district nurse or midwife one wonders how they manage without them in Canada. When I have inquired I have been told that they have doctors always. I think they cannot all have

doctors and those who cannot afford to pay for one must often be left trusting to "experienced women." In England after next year, no untrained woman, however great her experience, will be permitted to attend confinement cases. As to the work done by the midwife there can be no question. In one maternity home alone from seven to eight hundred confinements are attended every month at the patients' homes, all of them poor people who are attended free of charge, and they look upon the nurse as their best friend. I can remember more than one instance of receiving a kindness from both men and women quite unknown to me simply because I wore a bonnet and cloak.

S.

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### HELP TO SUCCESS IN PRIVATE DUTY.

I write with the hope that these few lines will be of help to some of my fellow nurses just starting out on the uneven path of private nursing.

I know of nurses who, with or without reason, will refuse calls, just because it does not happen to suit their personal tastes. One does not want to nurse among the wealthy, because things are not always congenial, another objects to nursing among the poor, because it is too hard work. Of course, every one is free to choose her work, but I wonder if a physician, or one who is in charge of a nurses' register will keep on calling a nurse who is ever ready with an excuse, instead of cheerfully responding to the call. I have heard these same nurses speaking about luck, good or bad; it rests with ourselves to make or mar. Luck certainly does not come to anybody who sits with folded hands, waiting for it. How can we expect to have patients or their homes made to suit our personal taste? We cannot always have things just as we wish them in our own homes.

I think any nurse who has good common sense, and has gone through a hospital training of three years will have at least enough sense to adapt herself to the surroundings and conditions of any home she may enter and know what her duty there is, and not refuse to do manual labor if she finds it necessary.

The author believes convincingly in the spirit of hospital life, which demands of us our best gifts of heart and mind. Gifts which seem so little to those who possess them, but so unattainable to those who come without them. The nurse who entered a training school because she loved the work and felt a great desire for wanting to be helpful to others, and who has allowed this noble feeling to develop as she has gone along, will never think of refusing a call except for some very good reason. She is needed and wanted, and this is to her sufficient reason for responding cheerfully.

She will always be wanted by the physician and her former patients, and need never know "hard luck" as far as work is concerned. She will bring into the home where she is called, hope and help, and be a blessing for the patient as well as the rest of the household, leaving an empty space when she is gone. They will all miss her, and for many a day talk about her as a ray of sunshine who came to warm and cherish when things looked so very gloomy.

I have often wondered why nurses seem to be subject to more severe criticism than the average woman, but since it is the fact, and so much is expected of her, let us be our own critics, putting ourselves in the public's place, and try to come as near to the expected mark as possible, at least let us do the best we know how, with our one talent. It is not the actual care of the sick which proves the hardest task, for this we have all been taught, and to the true nurse it will always be interesting enough to bring out the best in her. But on private duty more is expected of her; at least, more is hoped for, she must be a woman in this word's fullest meaning, ready with good sense always, and a kind word for everybody. It takes an endless amount of tact, it is true, to always know what to do, and how to do it, since our patients live under such different circumstances, sometimes without any servants and then again with a score of them. A nurse is often more criticized in the home with many helpers than where there are none. It is, I am sure, because of neglected duties as she saw them, or because her patient's comfort was not her first consideration, but she was sometimes afraid of lowering herself, or her profession, in doing tasks where she fell on the level with a domestic. I wonder if this might not be called false pride; it is a mistake, I know, more than one nurse has made.

Honest work will never degrade anybody, and since we all serve, from the ruler of a nation down to his humblest subjects, we ought not to feel that any help we can give to others, whether they are above or beneath us in standing, will lower us, a kind word and deed will always be repaid. Often all that is necessary to start the household wheel in the right direction is a bright and cheerful good morning. It would be well to remember that:

“Hearts, like doors, open with ease  
To very little, little keys;  
Then don't forget that two are these:  
Thank you, and if you please.”

A nurse must insist upon her daily hour or two off duty. It might have to be given up for the sake of her patient, for a few days, but for the same reason, her patient's welfare, she must try to arrange things in such a way that it will not be necessary long. Somebody can always be trusted to stay in the sickroom for at least a half hour at the time, and during this precious hour I advise all my sister nurses to take a good, brisk walk, no matter what sort of weather. There is no panacea in the world like it to send away the blues. It not only prevents, but cures this ailment. I would rather sleep an hour less than miss my outdoor exercise, even when sleep seems the most precious of all things. It is also impossible to go on nursing without at least once a year, a little recreation, change of scenery and surroundings for a few weeks, if possible, travel a little. We need to broaden. The changing about among patients is not sufficient, as we also need to live our own lives once in a while. For when on duty it is our patient's and not our own we usually live.

A trip abroad is splendid, once in a few years, even if we have to spend the earnings of several months' hard work. It pays in the end.

A. W. W.

## THE NURSE AS AN OBSERVER.

It will be conceded without question that the nurse has exceptional opportunities to become a really skilled observer in the sick room, and that the more fully she is trained to exercise this gift the more useful she is likely to be. I am fully convinced that the next ten years will see much more emphasis in hospital schools placed on the training of the faculties of observation than has been the custom in the past, not only of observation of facts and symptoms of disease, but of a great variety of normal facts which have to do with life and human development.

The criticism has been made again and again that though the nurse has unusual opportunities for observation she has added little if anything to the sum of human knowledge concerning disease. The criticism is, to a certain degree true, though the probabilities are that she has not always received the credit which was her due when she did make an observation which the physician had overlooked. The chances are that he often has gone off and told his associates about this discovery as though it was his very own, and that he will continue to do this in the future. Even so, even if nurses never get full credit for their observations, it is worth while to study how to become a skilled observer.

In the report of the social service work of a hospital, which came to hand the other day, there was an account of some of the dispensary cases visited by the dispensary or field nurse. One case was that of persistent insomnia, which stubbornly refused to yield to ordinary measures. The field nurse was detailed to visit the case and observe general conditions. She discovered that the patient was obliged to sleep in a narrow bed with two other members of the family—a fact concerning which the physician who was prescribing for the insomnia had not thought to inquire into. It is along lines similar to these and lines connected with the physical and mental development of children that great advance is promised for the nurse in the next few years.

But if she is to become more efficient as an observer she must be trained how to see and what to look for and how to make practical use of her observations. One nurse who enters on her training with the quality of keenness well developed will see more important facts in a half day in a ward, than another will in a week or a month. One nurse will see more things of interest to relate in a walk down Yonge street some fine morning, than another who journeyed across the continent. A father who was anxious to develop the quality of keenness of perception in his boy used to take him to walk in front of a toy shop and afterward require him to write down a list of things which he saw in the window—a plan well worth trying. I am fully convinced that some such methods are needed with some nurses—perhaps all nurses would benefit by such drill in their junior years. It is all very well to teach them books the theory of symptoms, but a more careful study of the living, normal subject might also form a very important chapter in the training process. How many nurses are there who at the end of their junior year could write an intelligent description of a patient under their care so that all the important facts which nurses might, and should notice, about such a case would

be included? Wouldn't some such drill be better worth while than long, weary days and weeks spent learning to "say their bones," or in wrestling with the names of hundreds of muscles, arteries, and nerves, which they will soon forget for lack of opportunity to use such knowledge.

"Describe a healthy skin," I asked a class of nurses, not long ago. It seemed a simple question, but not a nurse could do it. If a nurse has not perceived the conditions present in the normal skin, how can she be expected to note the condition intelligently when disease is present? And what is true of the skin is true of a great variety of other human phenomena. "What are the first three or four things you would notice about a new patient whom you were called to the reception room to take charge of?" I asked a class. They all, with one consent, declared that the first thing they would notice would be whether or not he was very sick, which was exceedingly improbable, as they decided after thinking and talking the thing over.

In the most progressive schools for nurses to-day, bed-side clinics for the teaching of symptoms are held in addition to the theory taught in the classroom. Surely this is as necessary for nurses as for medical students. Consider and compare the length of time a nurse spends in close contact with an acute case (say a patient ill with typhoid fever or pneumonia) with the time which the physician spends with the case—the time and opportunity she has of making first-hand observations as compared with him. How many times does a physician see the act of vomiting as compared with the nurse's observation of vomiting, the causes of which are sometimes exceedingly hard to determine.

In the matter of clinical teaching of symptoms, it seems best to have some systematic plan about it—something that will mark an advance from year to year. During the probation period attention might well be called to the points to be noted in describing normal conditions or subjects. If a nurse understands the chief characteristics of a normal skin, of a normal stool, of a normal pulse, of a normal urine, she will the more readily perceive abnormal conditions. She is probably taught to count the pulse during the probation term till she has learned to count it accurately. Counting is, however, not all which she should be taught about the pulse. The old way was to teach her to count the pulse, and let her pick up, any way she could, any additional facts about it. Under the new system of bedside teaching of symptoms, she is taught first what the pulse is, and the knowledge regarding the patient's condition which may be gained from careful observations of the pulse; the correct method of examining the pulse and such terms as volume of tension, rate and rhythm, as they relate to the pulse, are explained. Her attention is called in a practical way to the difference in the pulse rate when standing and lying. Later on in the course, another clinic on pulse and respiration is held, when other significant facts about the pulse are taught. The effects of baths, emotions, drugs, shock and hemorrhage are taught. Such conditions as tachycardia and bradycardia are explained, and the nurse is shown various minute details regarding the pulse not contained in the first lesson.

What may a nurse observe regarding the pulse?



What is meant by volume, compressibility, tension, rhythm in connection with the pulse?

What is a dicrotic pulse? In what diseases would you expect it, and what might it indicate?

What changes would you expect in the pulse from a hot bath? From a neutral bath? From a cold bath? All these are questions concerning which instruction should be given in a nurse's first year. Every ward—even if it has only a few beds, furnishes an opportunity for clinical teaching regarding these points.

Hospitals have come in for much criticism in the past few years for over-attention to the making up of unoccupied beds, the folding of sheets, over and over again, so that they will present a uniform appearance when laid on the shelves, etc. I very well remember, when a nurse in training, how my superintendent used to keep emphasizing on us the importance of the appearance of the linen cupboard. It was a large cupboard, which stood in the hall, and the nightgowns were kept on the bottom shelf. One way which she had of impressing us was to haul the whole collection of nightgowns out on the floor after we had patiently folded and patted them, and tried to make them look their best. Then she would read us a very severe lecture intended to make us feel guilty of sloth and negligence and general carelessness when we had honestly tried to make those unruly gowns look, in piles, as she thought they ought. Now a little of this sort of thing is all right; far be it from me to suggest that nurses should be allowed to "grow up" with untidy habits unchecked. But the folding of nightgowns and patting of pillows on unoccupied beds can easily be carried to extremes. It can easily be exaggerated in importance and allowed to crowd out other matters that vitally concern the patients of the present and future, and the real development of nurses. It is all right to demonstrate bed-making—very necessary, indeed—to teach nurses all the little points to observe about beds, occupied and unoccupied, but let the good work of demonstrating not stop there, let the most emphasis be placed on the patients who are to occupy those beds.

In all the text-books of nursing there are chapters on the observation of symptoms. When I first began to teach nurses we galloped through that chapter in one class period. Later, I planned to devote four class periods to that one chapter, and even then I felt that the nurses, as a whole, were far from grasping the importance and significance of much that was touched on in that chapter which may wisely be taken up in the first six months. The theory contained in that chapter forms a good ground work for the practical teaching of symptoms which should come later.

C. A. AIKINS.

(To be continued.)

## TO WHAT EXTENT DOES THE SMALL HOSPITAL FIT ITS GRADUATES FOR INSTITUTION WORK?\*

It is the general consensus of opinion that a nurse trained in a small General Hospital is fitted for private duty only, that her training and experience has not been such as would be likely to develop any administrative powers which she might possess. So prevalent has this idea become that many young women of exceptional ability are deterred from entering the small school because they fear the training is not adequate, nor the standing of the hospital sufficiently good for them to obtain an institutional position on its diploma.

It is my intention to set forth as well as I am able what training in executive work a nurse, if she so desire, may receive in the average General Hospital of, say, fifty beds. A nurse gifted with a fair amount of intelligence and with proper instruction from her superintendent should know all, or nearly all, there is to know about the management of a small hospital, from the superintendent's office down to the kitchen and laundry.

During the first two years the duties of a pupil nurse are much the same in all general hospitals of whatever size,—consisting usually of a preparatory course with frequent demonstrations by the superintendent, then ward work under a senior nurse. She learns the proper nursing of surgical and medical cases, and will probably have realized that the foundation principles of good nursing are practically the same in all cases. She will have received her junior operating-room and obstetrical training, and will be looking forward to the increased responsibility of the third year. (It is a significant fact that I have never heard one of my nurses say that the three years course was too long, the remark being frequently made "the last year is not half long enough for all the work we have to do").

You will pardon me if I mention the way the third year work is divided in our institution, as it is the only small hospital with the working of which I am entirely familiar. It is a fifty bed hospital and no house surgeon is kept or graduate nurse employed except to give special courses to the pupils.

There are four charge nurses, one for the operating-room work, dispensary and surgical supplies; one for the private wards; one for the men's ward; and one for the women's ward and obstetrical department. These positions are held respectively for from two to three months, so in her last year the nurse gets the opportunity of managing all the nursing departments of the hospital.

The operating-room nurse is responsible for the operating-room, and in connection with it she prepares for and assists at operations, sees that supplies are kept up, etc. And while the operations are comparatively few in number, yet the work itself must be just as thorough and modern in the remote country hospital as in that of the large city if favorable results are to be obtained. Doctors, everywhere, nowadays go away to attend the clinics of noted physicians or surgeons. (I will venture to say there is scarcely a hospital of any size in Ontario of which one or other of its surgeons has not made a pilgrimage to that Mecca of American surgery, St. Mary.

\* Read before the Canadian Hospital Association.

Rochester). They come back and put into effect much of the technique they have seen, so it follows, while the nurse trained in a small hospital may not have seen a great deal of surgery, yet what she has seen has probably been very good, done in an up-to-date modern operating-room under the best possible aseptic conditions.

The nurse in a small hospital gets a valuable dispensary training, as in most of these institutions no resident pharmacist is kept. All prescriptions are put up by her, and in no way can the knowledge of drugs, their combinations and therapeutic effect be so well learned. She makes up the various ointments, antiseptic solutions, mouth washes, etc., according to formulae, and has them always ready for distribution to the wards. All dressings and surgical supplies for the whole hospital are prepared and given out by her (in this she is assisted by a junior nurse). She keeps the books containing the list of all surgical supplies and drugs bought during her term of service, how many bottles of medicine are made up and to what wards they are sent, how much gauze and absorbent cotton is made into dressings and what quantity each department uses. In this way she easily learns the value of the supplies with which she is working, and how much is used throughout the hospital. Is this not an important training for a nurse who wishes to become a superintendent, or head nurse in a small hospital? The head nurse's duties on the public ward differ not a whit from those of a larger hospital. She may only have charge of ten or fifteen patients instead of twenty or thirty. She may only have one or two nurses under her instead of twenty or thirty. She may only have one or two nurses under her instead of three or four, but the essential principles of ward management remain the same, and a nurse must possess good executive ability and tact in order to make a success in a small, as well as a large hospital.

In a small hospital with an active obstetrical service a nurse will get a good deal of experience while in charge of such a department, and while granting there is a good deal of responsibility for a pupil in training, yet is it not better for her to have it under her own superintendent who knows her weak points as well as her strong, and is able to show her wherein she fails? If she is to assume charge of a similar department in another hospital she will certainly have more confidence in her own ability and have greater experience, because she has been in charge in her own hospital.

Most small hospitals have a comparatively large number of private ward patients. This is especially true in country towns, as a good many people think it would lower their social status to go into a public ward in a town where they are well known. The head nurse who can keep ten or fifteen private ward patients well cared for, happy and satisfied, must be something of a diplomat as well as possessed of no mean administrative ability. It is especially necessary that patients should be well pleased, as in a small town one dissatisfied patient cannot only do the hospital much harm, but will prevent those coming in who really need the treatment that only a hospital affords.

An important part of household management which falls to the pupil nurses is taking charge of the house-keeping department during the house-

keeper's absence (if no house-keeper is kept, a nurse usually assists the superintendent in this work). She will be called upon to see that the maids' work is well done, that the meals are cooked properly and served promptly, that the requisition lists for the wards and the general kitchen are filled, and the various items entered in a stock book kept for that purpose. It is often a revelation to her how many dozens of eggs, quarts of milk, pounds of butter and meat, to say nothing of other articles, even a small hospital can do away with in one month. She will be required to keep an account of all household supplies bought with price of same, during the time she is in charge. This is also important training for the nurse who may be called upon to take charge of a small hospital.

The most valuable experience in administration the senior nurse of the school receives, should she wish to fit herself for institutional work, is taking the superintendent's place during her absence from the hospital. The superintendent, no matter how devoted she may be to her work must occasionally be absent for a few days as well as on her annual vacation. The nurse who represents her must admit and discharge patients, collect fees, make out accounts, keep the hospital books, may perhaps have to send off the monthly government report. She will in this way get an insight into the management of a hospital which should be of the utmost value to her. She will see what the receipts and expenditures are for the month, and know what ratio the patients' fees represent to the entire expense. Incidentally she ought to learn from what sources the revenue of the hospital is derived, how much the Government grant is, and when it is due, what amount is received from the town and township and county.

In addition to this purely business part she must have a general oversight of the whole hospital, give instructions and advice where needed, make the new patient feel that he or she is a chief consideration with her, keep everyone in good humor, and all the machinery running smoothly. By the time she has done this for a month she will not only have gained valuable experience for herself, but will have found out that the position of superintendent is not altogether the bed of roses she might erstwhile have imagined it to be.

There are phases of the work in a small hospital while not directly bearing on administration are of value to the nurse going to another small hospital. Time and time again in her training she is made to realize (as she can never realize in a large hospital) that the hospital's finances are not inexhaustible, and if during some rare time of strain and stress she has to wait for her salary till some money comes in, it is impressed on her mind in a practical if scarcely pleasant way.

The pupil in a small hospital has much more opportunity of meeting the members of the Governing Board than she has in a large hospital. And usually the trustees of a small hospital take a very acute interest in the individual pupils of the school. The social side of life is not forgotten either. In our town it is the practice of many of the Board of Management and the physicians' wives to ask the senior class to their various receptions and entertainments, so that a girl who has been accustomed to society need not give

it up entirely, while to one who has not had many social advantages meeting with refined and gracious people who are really interested in her gives a poise not otherwise attainable, and will be of untold value to her should she become superintendent of a hospital in a small town, where she, by virtue of her position, will be expected to possess some measure of social grace.

I do not intend to say much about the theoretic training a nurse receives in a small hospital. I believe it in most cases to be equal to that she would receive in a larger school. Much depends upon the superintendent's ability to impart knowledge and direct her pupil's mind to the proper studies. In these days of many text-books for nurses on all subjects, including "Ethics," "Training School Methods," "Guides to Operating-room," up-to-date works on "Obstetrics," etc., it ought not to be hard for any nurse, if she so desire, to become proficient in theory as well as practice. In addition, nursing journals are found in all training schools, and from reading these the professional out-look may be gleaned.

The staff doctors are usually willing to give instructing and interesting lectures to the pupils. The Board of Trustees will often stand the expense of special courses in "Dietetics," "Massage," etc., as they are ambitious for the pupils graduating from their hospital to be thoroughly trained in as many branches of the work as possible. All things considered, the nurse who is desirous for administrative work may receive much training for it during the last year of her course in a small hospital.

Of course, not all nurses have executive ability, whether trained in a large or small hospital, but those who have will have ample scope for its development in a very moderate sized hospital. A nurse may be inclined to be a little narrow in her out-look professionally and think that the methods in vogue in her own hospital are the only ones worth considering, but surely a short post-graduate or visits to other hospitals after leaving the school would counteract this constricted out-look, and I for one, though trained in a large hospital, and fully recognizing the many advantages such a training confers, were I a member of the Board of a small hospital desiring a superintendent or head nurse, would be very much inclined to consider carefully the application of a nurse graduating from a small or medium sized hospital, provided her references and personality were all that they should be.

M. MORTON.

Collingwood.



The Victorian Order of Nurses is Canada's national organization for district nursing, and it behooves every Canadian nurse, at least, to know just what it stands for, what are its workings, its extent and its possibilities.

We would, therefore, plead for instruction, for the nurses-in-training in our hospitals, as to the history of the Victorian Order, its extent, its work in all its fullness, and the broad, liberal principles underlying its operations.

The Chief Superintendent is ever ready to give information desired about the Order, and as she visits a great many points in the course of a year, she would very gladly give little talks on the Order to classes of nurses in the hospitals, in those places, should the Superintendents desire it.

Since the beginning of the year the following nurses have been admitted to the Order: Misses Aldrich, Holder, Traynor, Ellis, Smith, Cookman, MacRitchie, Bothing, Lindsay, Kellier, Gallop, Wills, Wallace, Macdonald, Mathieson, Gay, Annie Fraser, Elizabeth Hall.

Miss Elizabeth Offord has gone to Swan River, Man., to take charge of the Victorian Hospital there.

Miss Violet Nesbitt has been appointed Superintendent of the Lady Minto Hospital, New Liskeard, and Miss Howell has been appointed night nurse.

Miss Keith resigned the superintendency of the Lady Minto Hospital, New Liskeard, and is taking a well-deserved rest, before entering on the duties of another position.

Misses Wills and Gallop, V. O. nurses, have received the appointments of school nurses under the Protestant School Board of Montreal.

A post-graduate course in district nursing—four months—is given at one of the three training centres of the Order, at Ottawa, Montreal or Toronto. For full information, apply to the Chief Superintendent, 578 Somerset Street, Ottawa, to the Montreal District Superintendent, 76 Mackay Street, Montreal, or to the Toronto District Superintendent, 206 Spadina Avenue, Toronto.

Many positions requiring nurses with superior qualifications and marked executive ability are filled from the ranks of the Victorian Order nurses every year.

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## The Guild of

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## Saint Barnabas

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### CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 6.15 p.m. Last Tuesday Holy Communion at R.V.H., 6.15 p.m.

*District Chaplain*—Rev. Arthur French, 158 Mance Street.

*District Superior*—Miss Stikeman, 216 Drummond Street.

OTTAWA—The Cathedral, First Monday.

*Chaplain*—Rev. Canon Kitson, the Rectory.

*Local Superior*—Miss L. C. Wicksteed, 494 Albert Street.

TORONTO—St. James' Cathedral Rectory, last Friday, 8 p.m.

*Chaplain*—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.

*Local Superior*—Mrs. Welch.

*Secretary*—Miss Maud Roger, 5 Howland Ave.

The April meeting of the Toronto Branch of the Guild of St. Barnabas was held, by kind permission of the Superintendent of Nurses, in the Nurses' Residence of Grace Hospital, corner of Huron and Division Streets, Toronto, on Friday, April 30th, at 8 p.m. in the spacious parlors of the residence. The nurses at present in the Training School occupied seats at the west end of the rooms, with the superintendent, Miss Alice Scott, and the members of the Guild, of whom there were a good number present, occupied the front seats. The chaplain delivered a most thoughtful, interesting and practical address. Like all Canon Welch's addresses, it will long be remembered by those who were privileged to hear it. The meeting took place under rather unusual circumstances, inasmuch as the fact of the impending departure of Canon and Mrs. Welch had that day been announced by the press and every member of the Guild felt a keen sense of regret and loss at the thought of so soon losing a Superior and a Chaplain whose goodness and kindness to the members of the Guild has been unbounded and whose devotion to the duties of their offices in the Guild has established a noble standard for all the members of the Guild and their successors. Wherever they go in the world, the Canon and Mrs. Welch will carry with them the affection and gratitude of all members of the Guild who have been associated with them in Canada.

The last meeting of the Toronto Branch before vacation will take place on June 12th, being the day after St. Barnabas' Day, at an hour and place to be announced at the May meeting.

## My Scallop-Shell of Quiet

Give me my scallop-shell of quiet,  
My staff of faith to walk upon,  
My scrip of joy, immortal diet,  
My bottle of salvation,  
My gown of glory, hope's true gage;  
And thus I'll take my pilgrimage.

Blood must be my body's balmer;  
No other balm will there be given:  
Whilst my soul like quiet palmer  
Travelleth toward the land of Heaven:  
My soul will be a-dry before,  
But after, it will thirst no more.

—*Sir Walter Raleigh.*

### THE PRACTICE OF THE PRESENCE OF GOD.

It is true we do not everywhere alike discern Him; but this is our blindness and not His darkness. In the narrow ways of common life, amid the din of labor and traffic, He seems to pass away; though it were well that His sanctity should be nigh, to cool the heat and guard the purity of our toiling and tempted hands. But we acknowledge space and silence to be His attributes; and when the evening dew has laid the noonday dust of care, and the vision strained by microscopic anxieties takes the wide sweep of meditation and earth sleeps as a desert beneath the starry Infinity, the unspeakable Presence wraps us close again, and startles us in the wild night wind, and gazes straight into our eyes from these ancient lights of Heaven.

—*James Martineau.*

### RELIGION.

I mean by religion the deepest that there is in any human being. When you reach the core of any man, you reach, it seems to me, the divine spark in him; that is you reach his religion. Religion is not one energy or one interest among others, it is the heart, the centre, the core of every interest. In my opinion any man is slovenly and slipshod who does not find religion as the ultimate motive and goal of his task, whatever it is. Under this definition it is obvious that we cannot go to the bottom of any trouble, whether it be health or grief or anything else without touching religion. If religion includes the whole of one's life as a house includes a room, then the man who would set his house in order must know all the rooms, must know the whole of the house before he ventures to touch any part of it.

—*Richard Cabot, M.D., in the American Magazine.*



# The Canadian Nurse

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VOL. V.

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NO. 6

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## Editorial

### THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

The Association held its fifth annual meeting in Toronto at the Nurses' Residence of the Hospital for Sick Children on Saturday, May 22nd, about one hundred nurses being present, among whom were representatives from London, Kingston, Hamilton, St. Catharines, Collingwood, Stratford, Galt, Guelph, Lindsay and Newmarket, and visitors from Parry Sound, Rochester and Brooklyn. Our readers will find elsewhere a full official account of the proceedings from the secretary, and we have also the pleasure of presenting the excellent paper of Miss De Witt. These meetings from time to time are certainly a great benefit to all who attend them, and we congratulate the Association both on the good attendance and the good programme.

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### REGISTRATION.

We would draw the special attention of our readers to the brief abstract of Miss Eastwood's valuable paper on this subject. "The Canadian Nurse" cordially agrees with Miss Eastwood that legislation to this end should be one of the chief objects, if not *the* chief object, of the Graduate Nurses' Association of Ontario, and of all other provincial associations and alumnae associations. It is necessary to the best welfare and progress of the profession and will be a still greater benefit to the public than to the profession. Let registration be promoted and advanced by every wise means in our power or in the power of our friends.

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### THE INTERNATIONAL CONGRESS OF NURSES.

Three great conferences will mark the year 1909 in the nursing world. Two are over, and the third and greatest is yet to come. The first was the Nursing and Midwifery Conference, held in London in April, and rendered important and impressive not only by a large and representative attendance, but by the character and grasp of the programme and the discussions on such subjects as "Nursing Homes," "The Care of the Infant," etc. Eminent members of the nursing and medical professions took part. The second was partly historical and partly social in its interest — the Jubilee Congress of District Nursing on May 12th—an event second to none in interest, as the event which it commemorates is second to none in its importance.

The third is the International Congress, arrangements for which are now both complete and fascinating, and in all of which Canadian nurses will

have their share. We can only say that any of our subscribers who can possibly go must try to let nothing stand in the way, for this is the chance of a lifetime. Sail some time in June and you will be in good time—not later than Dominion Day at least.

The last number of "The British Journal of Nursing" of May 15th contained interesting accounts of the Australasian, the German, the Swedish and the Japanese delegations. The Canadian delegation are arranging about a badge—and the suggestion comes from Montreal that all Canadian nurses in London should wear a white ribbon with "Canada" upon it in large gold letters. We would suggest that this might be fastened with a maple leaf pin in enamel.

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## Editorial Notes

### The United States of America.

**Johns Hopkins Hospital.**—A new and beautiful children's ward, called the Harriet Lane Home for Children, is about to be erected as part of the Johns Hopkins Hospital. The plans have been accepted and work will be proceeded with at once, so that, if possible, the new ward, which will really be rather a children's hospital than a ward, may be opened in 1910.

**Michigan.**—We have received from the secretary, Miss E. G. Flaws, of Grand Rapids, a programme of the fifth annual meeting of the Michigan State Nurses' Association, for May 25th, 26th and 27th, in the Auditorium, Saginaw, Michigan. The programme is a most attractive one, and includes an address on "The Professional Nurse and Her Relations to Public Health Service," by Miss L. L. Dock, and three papers by Miss Goodrich of Grand Rapids, Miss Aylsworth of Detroit, and Miss Abbott of Chicago, on School Nursing.

**Bellevue and Allied Hospitals.**—The graduating exercises of the Bellevue Training School for Nurses were held on the 28th of last month, and on the same evening the beautiful new Nurses' Residence in connection with Bellevue Hospital was opened by the Honorable Geo. B. McClellan, Mayor of New York. This new residence is spoken of in terms of approval and admiration by all who have seen it, and will certainly aid in the successful development of the Bellevue Hospital system. Miss Goodrich is to be warmly congratulated on the completion of this important part of her work.

**The Outlook of Nursing.**—In a recent number of "The American Journal of Nursing," Miss L. L. Dock has a timely and interesting article on "The Changing Outlook of Nursing," pointing out how many doors are now opening to the trained nurse, especially in regard to public health and preventive medicine.

### Scotland.

**Registration of Nurses.**—Great diversity of opinion seems to exist in regard to the bill for the registration of nurses, as to whether it should apply to Scotland or not. Irish nurses very properly objected at being excluded from the bill, and now some Scotch nurses seem to object to being included. The matter is not at all settled yet.

**"The Territorials."**—This is the short name popularly given to the nurses who have joined the Nursing Service of the Territorial Force. The Lod Provost of Edinburgh at a public meeting in the City Chambers, recently presented their new scarlet badges to them. Among those present were Miss Gill, Lady Superintendent of the "Royal," Miss Haldane, Lady Helen Munro-Ferguson, Lord Balfour of Burleigh, etc., etc.

#### Great Britain.

**Sir Donald Currie.**—Death has just claimed one of the merchant princes of the British Empire, a true captain of industry, the head of the Union Castle Steamship Company. He was good to our profession. He gave £20,000 to erect a Nurses' Residence and Maternity Students' House in connection with University College Hospital, and added besides £2,500 as a "gift from his daughters" to furnish these buildings. He used often to send flowers to hospitals.

**The Nurses' Missionary League.**—Leaflet No. 3 of this league has just been issued, and we find on perusal that it refers to many matters of interest, such as the fact that the threatened deficit has been averted, that fine new plans are under way, including one for a camp, and another for a convention, and that the work of the league carries a blessing with it. The annual meeting has just taken place and was a great success. The league has one thousand members, but the total number of trained nurses connected with foreign mission work in the whole world is only 260.

**The Trained Nurse at Sea.**—As mistress of the seas, Britain should be the first to place the trained nurse on the great passenger steamers. She is needed there, as the "Nursing Mirror," the "Whitehall Review," and other journals have been saying repeatedly.

#### India.

**Duty Hours for Nurses.**—A nurse has written to the "Times of India," to point out that the "twelve hour rule," objectionable in hospitals at home, is still more so abroad, on account of climatic and other conditions. We certainly agree with her.

#### England.

**School Nurses in Uniform.**—The Education Committee of the London County Council has decided that their school nurses shall wear uniform when on duty at schools or at the homes of the children. They feel that the uniforms will protect the nurses and secure for them a greater measure of respect and attention.

#### Malta.

**The King.**—His Majesty has been helping hospitals again. On his recent "holiday" he found time to open the Connaught Hospital at Malta and said of hospitals: "There is not a form of public enterprise that has my more cordial sympathy."

#### Ireland.

**A New Honor to Nurses.**—Miss Macdonell, R. R. C., formerly lady superintendent of three hospitals in Dublin and matron of the Irish Hospital

in South Africa during the war, has been appointed by His Excellency the Earl of Aberdeen, Lord Lieutenant of Ireland, to a seat on the Board of Superintendence of Dublin Hospitals. This is a signal and well deserved honor.

#### **New Zealand.**

**Nurses' Registration.**—Dr. Valentine, Inspector-General of Hospitals and Registrar of Nurses, writes to the "British Journal of Nursing" to say that there is no idea in New Zealand of reducing the term of training from three to two years.

#### **France.**

**King Edward's Nursing Home at Biarritz.**—The four nurses who are working at this institution had the honor of being presented to the King during his recent visit, at His Majesty's desire. The King also inspected the ambulance which he gave last year to Biarritz and was told that it had been used forty-four times.

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# Official Department



Queen Alexandra's Imperial Military Nursing Service.  
The Canadian Permanent Army Medical Service (Nursing Branch).  
The Canadian Society of Superintendents of Training Schools for Nurses.

The Canadian National Association of Trained Nurses.  
The Association of Hospital Superintendents of Canada.  
The Canadian Nurses' Association.  
The Manitoba Association of Graduate Nurses.  
The Graduate Nurses' Association of Ontario.  
The Victorian Order of Nurses.  
The Guild of St. Barnabas for Nurses.  
The Brockville Graduate Nurses' Association.  
The Collingwood G. and M. Hospital Alumnae Association.  
The Calgary Graduate Nurses' Association.  
The Edmonton Graduate Nurses' Association.  
The Ottawa Graduate Nurses' Association.  
The Fergus Royal Alexandra Hospital Alumnae Association.  
The Galt General Hospital Alumnae Association.  
The Guelph General Hospital Alumnae Association.  
The London Victoria Hospital Alumnae Association.  
The Kingston General Hospital Alumnae Association.  
The Montreal General Hospital Alumnae Association.  
The Montreal Royal Victoria Hospital Alumnae Association.  
The Ottawa Lady Stanley Institute Alumnae Association.  
The St. Catharines General and Marine Hospital Alumnae Association.  
The Toronto Central Registry of Nurses.  
The Toronto General Hospital Alumnae Association.  
The Toronto Grace Hospital Alumnae Association.  
The Toronto Graduate Nurses' Club.  
The Toronto Hospital for Sick Children Alumnae Association.  
The Toronto Riverdale Isolation Hospital Alumnae Association.  
The Toronto St. Michael's Hospital Alumnae Association.  
The Toronto Western Hospital Alumnae Association.  
The Winnipeg General Hospital Alumnae Association.  
The Vancouver Graduate Nurses' Association.

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### THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

For the year ending October 15th, 1908.

Officers for 1908-09: Miss Barnard, President; Miss A. Clarke, 1st Vice-President; Miss L. Adams, 2nd Vice-President; Miss A. Robertson, Recording Secretary; Miss B. Goodhall, Corresponding Secretary; Miss M. Wilson Treasurer; Miss M. Gray, 505 Sherbourne St., Secretary for "Invalid Cookery"; Misses M. Haley, E. Jamieson and M. Ellrington, Directors; Miss J. Hamilton, 608 Church St., Convener of General Business Committee; Miss Sales, Miss McQuaig and Miss J. Gray.

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### THE ALUMNAE ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers for 1908-09: Hon. President, Miss Morton; President, Miss G. Morrison; First Vice-President, Miss P. J. Cottrill; Second Vice-President, Miss Ella Baker; Secretary, Miss J. E. Carr; Assistant-Secretary, Miss E. M. Dawson; Treasurer, Miss M. M. Redmond.

Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the board room of the hospital.

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### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE

The following ladies have received appointments as Staff Nurses: Miss K. M. Burgess, Miss W. Halloran.

**Postings and Transfers.****Sisters.**

Miss D. D. Tripp, to Connaught Hospital, Aldershot, from the Alexandra Hospital, Cosham.

Miss A. Willes, to Royal Herbert Hospital, Woolwich, from Military Hospital, Tidworth.

Miss E. M. Lyde, to Military Hospital, Tidworth, from Royal Victoria Hospital, Netley.

Miss M. F. Steele, to the Queen Alexandra Military Hospital, Millbank, London, from Royal Herbert Hospital, Woolwich.

Miss M. Pedler, to Military Hospital, Gibraltar, from Military Hospital, Dover.

Miss M. S. Ram, to Royal Herbert Hospital, Woolwich, from Royal Military College, Sandhurst.

Miss G. E. Larner, to Royal Military College, Sandhurst, from Military Hospital, York.

Miss E. C. Humphreys, to Military Hospital, York, from Royal Herbert Hospital, Woolwich.

Miss F. M. Hodgins, to Royal Arsenal Hospital, Woolwich, from the Queen Alexandra Military Hospital, Millbank, London.

**Staff Nurses.**

Miss M. G. C. Foley, to Military Hospital, Devonport, on appointment.

Miss C. C. M. Gibb, to Royal Victoria Hospital, Netley, from the Alexandra Hospital, Cosham.

Miss I. M. L. du Santoy, to the Alexandra Hospital, Cosham, from Royal Victoria Hospital, Netley.

Miss S. Richards, to Military Hospital, Cottonera, Malta, from Military Hospital, Valletta.

**Appointments Confirmed.**

Staff Nurses.—Miss M. A. W. Green.

E. W. BECKER.

For Matron-in-Chief, Q.A.I.M.N.S.

**THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.****Officers 1909-10.**

President—Mrs. Currie.

First Vice-President—Miss E. Deyman, Hamilton.

Second Vice-President—Miss H. Hollingworth, St. Catharines.

Treasurer—Miss Mary Gray.

Recording Secretary—Miss Julia Stewart.

Corresponding Secretary—Miss Edith Hargrave.

Board of Directors—Miss Brent, Miss Matheson, Miss Potts, Miss Muldrew, Miss Barnard, Miss Neilson, Miss McNeill, Miss Jameson, Miss Wardell.

The sixth annual meeting of the Graduate Nurses' Association of Ontario



was held on Saturday, May 22nd, at 2.30 p.m. The meeting was well attended, representatives being present from Kingston, Hamilton, Galt, Guelph, Collingwood, Fergus and other places.

The meeting was opened by prayer by the president, Mrs. Currie, after which President Falconer, of Toronto University, gave a short address. He spoke of the value of the nurse's work in the uplift of the human race, and of the influence it must have in character building. He reminded us that character is the most valuable asset in life. He advised us to strive to enlarge our interests in our leisure time, by storing our minds with the best literature, to "browse among good books."

The president, Mrs. Currie, then gave a brief resumé of the work of the year. We close the year with a membership of 311, having added 41 new members this year, over half of whom were from Hamilton. The Alumnae there has done excellent work in interesting its members in our association. St. Catharines also has sent us a goodly number.

In the absence of Mrs. Roden, Miss Bowerman read the treasurer's report, which was most satisfactory, showing a balance to our credit of \$165.00. This is almost double that of last year and the Association has reason to feel proud. It having been proposed that the nurses of Canada place a wreath on the tomb of our late beloved Queen Victoria, a sum of money was voted for this purpose. The nurses of Canada are glad and proud to be permitted to do this, and feel that it is a high honor and privilege. Miss Brent suggested that the design be something emblematic of Canada, possibly the maple leaf.

Miss De Witt, assistant editor of the "American Journal of Nursing," then gave a clever and interesting paper on "Problems of the Private Duty Nurse," which was listened to with deep attention. (This paper will be published in full in these pages.)

Miss Bowerman, president of the Toronto Graduate Nurses' Club, spoke briefly on some of the problems which confront the nurse when she first leaves her alma mater, for which the hospital training does not quite equip her. She thought that if the nurse were better prepared for her duties in the outside world the Central Registry would not find so many nurses registering for hospital cases only, and there would not be the present difficulty in getting nurses to go to the country. She emphasized the necessity for keeping up one's interest in other than professional things.

Miss Eastwood, Superintendent of the Victorian Order of Nurses, then gave a talk on registration. The first bill of this kind was passed in South Africa in 1891, followed in 1901 by one in New Zealand. It is about ten years ago that the first bill was passed in the United States, since which time twenty-two states have obtained state registration, twelve bills of the kind having been tried last session, eleven of which have passed. Miss Eastwood went on to say that the chief opponents of registration were the small hospitals, the special hospitals, and the correspondence schools. Although we have none of the latter in Canada, we have their products, and the public are being imposed upon in this way every day. She reminded us of the objects for which we had been organized, and said that unless we set about

securing legislation we were not justifying our existence as a society. She advised an energetic campaign, sending out literature on the subject, to reach the nurses in training, the alumnae associations, etc. Canada does not want to be behind in any educational measure. She trains many more nurses than she can use, and a very large proportion of the graduates of small hospitals go to the United States to take up their calling there. It is becoming more and more necessary to have registration.

One of the most valuable and interesting features of the whole programme was the demonstration by Miss Potts, assistant superintendent of the H. F. S. C., Toronto, on "The Making of Whey for Infant Feeding," and "The Handling and Bathing of Splint Cases." All members followed this demonstration with evident satisfaction and pleasure.

In the evening Mr. John Ross Robertson gave a fine address. He related some interesting facts in connection with the founding of the Lakeside Hospital. He urged upon us the necessity for securing legislation and spoke of the best way of reaching the people. He advised sending out letters on the subject to nurses, doctors and hospital boards, and most generously offered to supply all the printing, an offer which was much appreciated by all present.

Miss Jewison gave a very interesting paper on "New Treatment of Various Diseases," which will be published in this journal, and Mrs. Torrington, president of the local Council of Women, spoke to us for a short time, and Miss Jessie Carter's recitation brought to a close the annual meeting of 1909.

The following ladies registered as members of the Association: Miss Tweedie (T.G.H.), Miss Wilson (H.S.C.), Mrs. Burns (R.V.H.), 609 Jarvis Street; Miss Donnelly (St. M.), 609 Church St.; Miss Beam (T.G.H.), 728 Spadina; Miss Hall (T.G.H.), 18 Earl; Miss D. E. Street, 200 Hughson N., Hamilton; Miss Ella Baker, box 825, Collingwood; Miss M. A. Gibson, 14 Lindsay Ave., City; Miss S. E. Richards, 573 Church St.; Miss M. J. Allan, 3 Classic Ave.; Miss Hunter, 19 Isabella St.; Miss Bowerman, Miss Kennedy, Miss Reade, 505 Sherbourne St.; Miss Kelman, Newmarket; Miss E. R. Greene, Miss Stuart, Hamilton; Miss Johnston, Orillia; Miss Morton, Miss Moore, Miss Dawson, Collingwood; Miss Redmond, Stratford; Miss Hanna, Miss Conner, Miss Street, Miss Carr, Hamilton; Miss Kent, Lindsay; Miss Stewart, Guelph; Miss De Vellin, Toronto. Among the visitors were Miss De Witt and Miss Richardson of Rochester, Miss Hennessey of King's County Hospital, Brooklyn, N.Y., Miss Evans and Miss Adam of Hamilton, Miss Allen, Miss Whatmough and others of Toronto.

## Hospitals and Nurses

Miss E. A. J. Wilson (M. G. H. '02) has gone to St. Agathe, P.Q., to take a position.

Miss Edith Liddy, graduate of Hamilton City Hospital, has gone to live in Killarney, Man.

Miss Gertrude Summerfeldt has gone to Portage La Prairie, as assistant to Miss Bowman in the General Hospital.

Miss Gwen, Nichol (M. G. H. '08) has been appointed third assistant on the staff of the Montreal General Hospital.

Miss Wills, M. G. H. class '08, has been recalled from New York by the Victorian Order to fill a position as school nurse in Montreal.

Miss M. Lewella Hanna, who has recently returned from Fordham Hospital, has been appointed to succeed Miss Elizabeth Aitkin.

The Victoria Convalescent Home has had a busy season. No more delightful place could be found for any one needing rest and care.

Miss Turner and Miss Campbell, two graduate nurses in private practice in Victoria, are leaving for a three months trip to the Old Country.

Miss Elizabeth Aitkin, who has had charge of the operating room in the Hamilton City Hospital, has resigned and will do private nursing in Hamilton.

The last meeting for the present season of the Alumnae of the Hospital for Sick Children, Toronto, will be held at the Nurses' Residence on June 10th at 3 p.m.

Lady Aberdeen, Mrs. H. T. Bovey and Lord Strathcona will represent the Victorian Order of Nurses at the Jubilee Congress of District Nursing, in Liverpool.

Miss Katie Brock (M. G. H. '05), lady superintendent of the American Hospital, Havana, Cuba, has returned to her duties after a month's holiday in Montreal.

Miss K. H. Brock, graduate of Montreal General Hospital, is now superintendent of the American Hospital, Vedavo, Havana, Cuba, and is doing an excellent work.

Miss J. Allan, graduate of Grace Hospital, Toronto, has been appointed assistant to Miss Lawrence of the Sarnia General Hospital, and assumed her new duties on May 16th.

Miss Beatrice T. Nicholson, graduate of Kingston General Hospital Training School for Nurses (1900) has been appointed head nurse of the General Hospital, Sudbury.

Miss Margaret Melross, graduate of Hamilton City Hospital, class '00, has been appointed supervising nurse of the operating room in the General Hospital, Niagara Falls, Ont.

Miss Sinclair (T. G. H.) has resigned her position at Macdonald College, Ste. Anne de Bellevue, and accepted the position of Superintendent of the General Hospital, Ludhiana, India.

Miss M. E. Lord has accepted a position in the American Oncologic Hospital, Chestnut Street, Philadelphia, as operating room nurse.

Mrs. McPhedran (Miss McNish, T. G. H. 1909) has reached Dhar in Central India, in safety. Interesting letters have already come from her in her new home.

At the recent graduating exercises of Roosevelt Hospital in New York, four Canadians (from Toronto) received their diplomas—Misses Smedley, Langton, Dalton and Kirkpatrick.

The reading room of the Canadian Nurses' Association, Montreal, has moved to the Lindsay Building, St. Catherine Street West, room 611. All visitors are welcome to use the room and will find plenty of interesting literature.

Miss Kilgour, from Cincinnati, Ohio, has been appointed Assistant Superintendent of the Training School for Nurses, Toronto General Hospital. Miss Kilgour is a graduate of the class of 1892 (T. G. H.) and is a native of Guelph, Ontario.

Miss Irene Norcross (V. G. H. '05) has returned to her home in Duncans, B.C., where she will give up nursing for the present, and seek to win fame and fortune by the pen. Miss Norcross spent the winter private nursing in Vancouver, B.C.

The Vancouver Graduate Nurses' Association in conjunction with the Alumnae Association of the Vancouver General Hospital Training School for Nurses, have decided in the autumn to open a club room for the use of both associations.

The Training School for Nurses of Victoria Hospital, London, held its graduating exercises for the class of 1909 on May 19th, followed by a reception at the Nurses' Residence from 8 to 12 p.m. We hope to publish a list of the graduates in our next number.

Mr. and Mrs. Julian Sale, of 116 Binscarth Road, Rosedale, announce the engagement of their daughter May (graduate of Hospital for Sick Children) to Mr. William F. Thomas of Toronto. The marriage will take place in St. Paul's Church on June 23rd.

Mrs. Fowler (nee Miss Walker, T. G. H. 1901), of Rosebank, Capetown, South Africa, in a recent letter to one of her fellow graduates, gives a very interesting account of affairs in South Africa. Mrs. Fowler's health is unfortunately not strong. She has lost none of her old interest in Canada.

Mrs. J. B. Hart (nee Miss M. A. Clendenning, T. G. H. graduate), formerly lady superintendent of Vancouver General Hospital, recently underwent a successful major operation in St. Joseph's Hospital, Victoria. She is making a favorable recovery, and will shortly return to her home in Vancouver.

On April 24th, 1909, Governor Hay of Washington appointed the following graduate nurses to serve on the Board of Examination for State Registration: Miss Mary Keating of Spokane, Miss A. F. Waymire of Pullman, Miss

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Marguerite Campbell of Tacoma, Miss Cora Smith of Anacortes, Mrs. Marv Hawley of Seattle.

At the ninth annual meeting of the Canadian Association for the Prevention of Consumption, held at Hamilton, May 19th and 20th, the Heather Club was represented by Miss J. Hamilton, president, Miss M. Barnard and Miss M. Gray. In the absence of Miss Fellows, secretary, Miss Barnard read the first annual report.

Amongst those from Montreal intending to attend the International Congress, London, are: Miss Baikie, Miss A. Colquhoun, Miss M. Colquhoun, Miss Hill, Miss Des Brisay, Miss Fisk, Miss M. Welch and Miss McGregor, all members of the C. N. A. What about a badge for Canadians? As we have not heard anything official about one, we as members of the C. N. A. are thinking of adopting a white ribbon with "Canada" in large gold letters on it.

The annual meeting of the Montreal General Hospital Alumnae Association was held on April 16th, 1909. The following officers were elected for the ensuing year: President, Miss K. H. Brock; First Vice-President, Miss Young; Second Vice-President, Miss Tedford; Recording Secretary, Miss Strumm; Corresponding Secretary, Miss Ethel Brown; Treasurer, Miss M. Vernon Young; Executive Committee, the Misses Ward, Christie MacKay, Cowen, Maud Brock, and Perchard.

The Heather Club, H. F. S. C., have appointed three of their members to attend to the work of the club among tuberculous children for the month of June. The three nurses are Miss Richardson, Miss M. Moody and Miss Ella Jamieson. The treasurer is Miss McCuaig, 605 Ontario Street, and the annual fee is 25 cents, or any larger sum any of the members choose to pay. A "summer shack," a gift to the club, will be erected at the Lakeside Hospital and the little patients will be cared for there.

The Toronto Registry of Graduate Nurses held their monthly meeting at the residence of Miss Barwick on Monday, May 3rd, at 8 p.m., six members being present. Treasurer's report—Registry calls for April, 146; personal calls, 36; total, 182; unanswered, 4; amount due until May 31st, \$285.00; number of nurses on list, 282; applications for admission to Registry, 2, one of which was accepted and the other awaits the credential letters. It was decided that the Registry hold the birthday party at the Brown Betty, Tuesday evening, June 1st, and that Dr. Cleaver be written to to give the invocation.

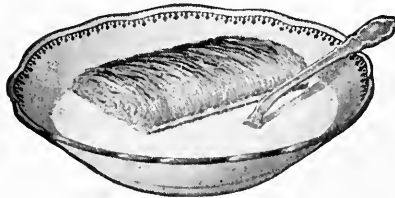
The last general meeting of the Canadian Nurses' Association for this season was held on Tuesday, April 6th, at 8 p.m. in the Medico-Chirurgical Society's rooms, Montreal. The meeting was well attended, the president in the chair, the minutes of the last meeting read and adopted. There were three applications for membership. A very instructive lecture was delivered by Dr. H. M. Little, Medical Superintendent of the Montreal Maternity Hospital, on obstetrics, which was greatly enjoyed and appreciated by those who heard it, as the speaker gave some good advice and pointed out a few practical methods which will no doubt be very beneficial to the maternity

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nurse. The usual cup of coffee and a social half-hour brought the meeting to a close.

The annual meeting of the Winnipeg General Hospital Alumnae Association was held in the Nurses' Home on Wednesday, May 6th. After the various reports for the year had been read the election of officers took place, the following being appointed to office for the ensuing year: Honorary President, Miss Wilson; President, Miss Johns; First Vice-President, Miss Gilroy; Second Vice-President, Miss Parlett; Secretary-Treasurer, Miss Hood. The conveners of the various committees were appointed as follows: Social committee, Miss Hamilton; sick visiting committee, Mrs. Morrison; membership committee, Miss Gray. Miss C. De Nully Fraser was appointed assistant secretary-treasurer, and the committee on publication of the Alumnae Magazine continue in office until December.

On Easter Tuesday evening, the Nurses' Club gave a very successful dance in A. O. U. W. Hall, Victoria. The hall was prettily decorated in red and white, and long sprays of ivy, red and white lights. The supper room was very effective, with yellow lights and daffodils. The supper was very dainty. The music and floor were good, and every one present had an enjoyable time. At the end the nurses were given three cheers. Over one hundred dollars was cleared, and is to be devoted to expenses of new club room. The club room is in Promise Block on Government Street. It is furnished in Mission, china cupboard, desk, chairs, a comfortable couch, straw matting square, colors green and cream, curtains are of the same colors. Behind a screen is a small gas range, and basin with water connected. Each member of the club may buy a key for twenty-five cents, and have use of room at any time. All club meetings and lectures are given in the club room.

Miss Maud Freeze, of Doaktown, New Brunswick, a member of the junior class in the Training School for Nurses of Toronto General Hospital, died after a very brief illness on April 25th. Miss Freeze, who was the only sister of Miss Freeze of the class of 1907 (T. G. H.), was just 22 years of age and had won the affection and regard of the whole training school and hospital. The deepest regret is felt by everyone at her early and sudden death, and the greatest sympathy for her family and especially for her sister, who, aided by two of her sister graduates, and the nurses in charge, attended her sister with the utmost devotion. The arrangements for the funeral service at the Nurses' Residence were made by Miss Snively, the Superintendent, and the hospital authorities; and Miss Freeze, with her uncle, Mr. Fowler of Ottawa, and Miss Ellis, Assistant Superintendent of the Training School, accompanied the remains to the family residence in New Brunswick. At the special request of Miss Snively, all the members of the junior class wore a mourning band on the left arm, and attended the service in a body with a large number of the other nurses. Floral emblems were sent by Mr. J. W. Flavell, president of the Hospital Trust, the nurses in training, the Nurses' Alumnae Association and others.

The Training School for Nurses of Kingston General Hospital held the graduation ceremonies this year in the Convocation Hall of Queen's Univer-



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sity, which was filled to overflowing by an audience who showed the greatest interest in the proceedings. Among those present were Mr. W. F. Nickle, M.P.P., who took the opportunity of offering a gold medal for competition among next year's class; Dr. R. W. Bruce Smith (a graduate of Queen's), Rev. Canon Starr, and others. The nurses occupied the seats on the left side of the platform, with the members of the Hospital Board on the right. Lieut.-Col. H. R. Duff presided, and with him on the platform were Principal Gordon and Rev. Douglas Laing. The following is a list of the nine nurses who graduated: Misses Veda Dier, Della Calder, Annie Green, Mamie Meldrum, Alice Shannette, Amelia Greer, Gladys Creegan, Beatrice J. Nicholson, and Ella Shaver. The winners of the prizes were the following: Graduating class, Miss Veda Dier; intermediate, Misses Anna Baillee and Della Wylie; junior, Miss Claudia Baskill. Dr. R. W. Bruce Smith delivered a fine address in which he made a strong appeal for the erection of a hospital in Kingston, for the care of tuberculosis patients. Col. Duff as chairman referred to the fact that the training school was now celebrating its 21st anniversary. He referred to the good work of the graduates, and asked that the school be given financial support by the city. He paid a warm tribute to the work of the ladies in carrying on the work. Canon Starr gave an eloquent address, and in the opening, referred to the great responsibility of the work undertaken by the nurses. The nobility of the vocation was also touched upon. There must be self-sacrifice, the one great thing the world was ever ready to recognize. After Canon Starr's address, Dr. Isaac Woods, M.A., presented the diplomas to the nurses, and before making the presentations, made a brief and timely speech. Then followed the presentation of pins to the nurses, by Mrs. Duff and Mrs. J. C. Connell. During the evening Mrs. Harty, Miss Louise Singleton, William Eva, Prof. Small, Miss Phyllis Taylor and Miss Shaw gave musical selections. After a hearty vote of thanks had been tendered the speakers and those taking part in the musical part of the programme, the proceedings were brought to a close with the singing of the National Anthem.

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The graduating exercises of the Training School for Nurses of Winnipeg General Hospital took place on May 19th and included a reception at the Nurses' Residence, the whole occasion being one of much interest and pleasure. As our readers already know, the present nursing staff of Winnipeg General Hospital numbers over 120, and few if any hospitals are of greater importance to the Dominion. The announcement of the graduation is a tasteful blue and white card folder, one of the prettiest we have seen this season. The following is a list of the prizes and of the names of the graduates:

Highest general proficiency—Miss Effie M. Ingram. Prize presented by the Ogilvie Milling Co.

Bandaging—Miss Effie M. Ingram and Miss Annie Canning. Prize presented by Mr. E. L. Drewry and Dr. J. Halpenny.

Charting—Miss Grayce M. Caldwell and Miss Victoria I. Winslow. Prizes presented by Miss E. M. Bain and Dr. Blanchard and Dr. Bjornson.



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STE. MARIE  
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Obstetrics—Miss Lillian M. Gray. Prize presented by Dr. D. H. McCalman.

Practical work—Miss Annie Johanneson. Prize presented by Mrs. W. S. England.

Nurses graduating, May, 1909—Alba E. Andrew, Alfreeda J. Attrill, Marion Brehaut, Grayce M. Caldwell, Annie Canning, Priscilla Capling, Hilda Corelli, Amy Crisp, Hellen J. Ellerington, Mary D. Gardner, Jessie M. Gent, Lillian M. Gray, Winnifred Harvey, Effie M. Ingram, Annie Johanneson, Rena M. McBride, Dell G. MacGregor, Barbara E. Mitchell, Annie Moore, May E. Palmer, Jessie J. Smith, Jessie M. Steele, Margaret B. Struthers, Christina W. Thom, Amy L. Waldon, Victoria I. Winslow.

On Tuesday evening, May 11th, a large audience assembled by invitation at the Hospital for Sick Children, to attend the graduating exercises. Mr. John Ross Robertson was in the chair, and the chairman's address, next to the announcement of the results, was the most interesting feature of the evening. We regret that we cannot print it in full, but we understand that Mr. Robertson has been requested to reprint his address and the eloquent and inspiring address of the Rev. Byron Stauffer, who also spoke. We hope that these will be widely circulated.

The following received diplomas: Miss Mabel McNeill, Toronto; Miss Ella McC Calder, Little Britain; Miss Muriel McConnell, Montreal; Miss Lillian Bennett, Georgetown; Miss Isabel Bain, Utterson; Miss Jennie Hill, Pine Orchard; Miss Nora McClure, Toronto; Miss Constance McCombe, Montreal; Miss Florence Chartras, Toronto.

Miss Ella McC Calder, of Little Britain, received the senior class scholarship of \$50.

Miss Jennie Hill, of Pine Orchard, received the prize for general proficiency and professional deportment in her class.

Miss Bessie Carmichael, of Hillsburg, received the intermediate scholarship of \$30.

Miss Ethel Brewer, of St. Catharines, received the junior scholarship of \$20.

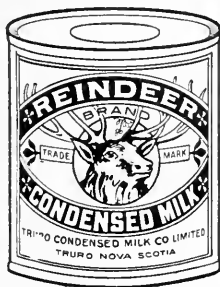
Miss Carrie Mott, of Deer Park, was also awarded a prize.

When Mr. Flett had concluded, Miss McNeil, one of the graduates, rose, and on behalf of the nurses of the Training School, presented the chairman of the Board with a handsome brass inkstand, and in making the presentation Miss McNeil read the following address:

"J. Ross Robertson, Chairman Board of Trustees, Hospital for Sick Children;—We, the graduating class and nurses of the Training School of the Hospital for Sick Children, wish to convey to you on this occasion an expression of our gratitude and appreciation for the universal kindness and interest you have shown to us since our entrance into the school.

"As we are the first class to graduate since the inception of the preliminary course, which we realize was only made possible by your well-known

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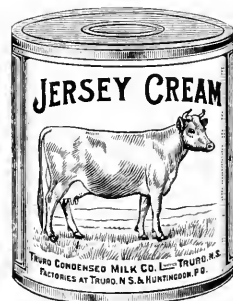


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and unbounded generosity, we feel that we would like you to accept this gift as a reminder of the class of 1909.

"On behalf of the nurses of the school,

"M. McNEIL,

"FLORENCE CHARTRAS,

"B. E. MACLURE."

Mr. Robertson in a few pleasant words acknowledged the gift, and then he invited the audience to adjourn to the dining-room of the Residence, where light refreshments were served, after which the nurses and their friends had the pleasure of an informal dance for half an hour. The proceedings of a most enjoyable evening closed at eleven o'clock.

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### BIRTHS.

McIlwraith.—At Binbrook, on April 25th, to Dr. and Mrs. McIlwraith (nee Ida Howard, graduate Hamilton City Hospital) a son.

### MARRIED.

Macdermot-Swift.—At Vancouver, Feb. 2nd, 1909, Miss Eve Swift (M. G. H. '07) to Dr. John Macdermot. Dr. and Mrs. Macdermot are residing in Vancouver.

Mulligan-Brennan.—On April 21st, 1909, at St. Michael's Cathedral, Toronto, Agnes Brennan, graduate of St. Michael's Hospital, Toronto, to J. M. Mulligan, Ottawa.

Osborn-Vaughan.—At New Haven, Conn. on May 18th, 1909, Elsie Vaughan, graduate of Orange, N.J., to Arthur M. Osborn, of St. Gabriel de Brandon, Ottawa. Mr. and Mrs. Osborn will live at St. Gabriel, Ottawa.

### DEATHS.

Luckham.—In Birnam, April 29th, Miss May E. Luckham. Miss Luckham entered the Hamilton City Hospital Training School last year, and in November contracted typhoid from which she never recovered. Her bright and happy manner won for her many friends in the short time that she was among us. To Mr. and Mrs. Luckham we extend our deepest sympathy.

McIlwraith.—At Binbrook, on April 27th, John Gordon McIlwraith, infant son of Dr. and Mrs. McIlwraith.

# *Antiphlogistine*

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**AN IDEAL ADJUVANT**



**For Abdominal Pain and Visceral Inflammation**

A rational method of treating locally all forms of disease in which inflammation and congestion play a part.

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## The Nurse's Library

The Alumnae Association of Toronto General Hospital have issued a dainty white and gold booklet containing the Annual Report for 1907-8. The contents are most interesting, especially the annual report of the secretary, Miss A. Mary Roberts.

The Annual Report for 1908 of the Board of Governors of the Victorian Order of Nurses is an interesting and well-illustrated pamphlet of nearly one hundred pages, covering the year's work, and containing a great deal of valuable information. The work of the Order, as is well known, is great and far-reaching, as well as of great importance to the country, especially in the newer districts.

The Queen's Nurses' Magazine for April, with its fine motto, "Laborare est Orare," is always a welcome visitor and the last number is a specially good one. It contains a picture of Lady Hermione Blackwood as frontispiece, and a number of clever articles.

"The Detroit Medical Journal" for April has an illustrated article on Butterworth Hospital, Grand Rapids, Mich., which is of much interest. Histories of hospitals are good reading for us all, and we wish our own readers would send us histories of their hospitals.

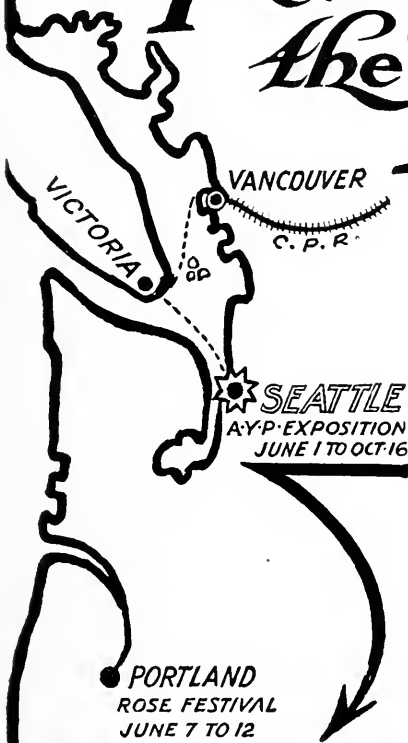
One of the most useful authorities on patent medicines is the report of the Australian Royal Commission, Vol. I of 1907, entitled "Secret Drug Cures and Foods." This Government report was prepared by the Royal Commissioner, Mr. Octavius C. Beale. He goes into every branch of the subject and gives the Australian Commonwealth such a presentment of the case against these things as cannot fail to convince any intelligent person.

"Lectures to Practising Midwives," by Victoria E. M. Bennett, M.B., B.S. (Lond.), D.P.A. (Cambridge). London: Baillière, Tindall & Cox. 4s. This book, excellently printed and bound, containing 41 illustrations and 256 pages, is one of the best we have seen for this purpose. It is correct in statement, scientific in its ideas and easy to understand. No book could well be more useful in difficulty, and we predict great success for it. The directions are admirable and greatly to the point, e.g., the section on haemorrhage. This book should do good, and Dr. Bennett is to be congratulated upon it.



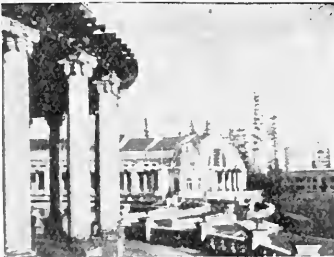
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Some people may say: The same ingredients are open to everybody, why can't others get the same results and produce a perfect powder?

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The attention of nurses is called to Post Graduate Summer Courses in the Swedish system of Massage, Gymnastics, Electro- and Hydro-Therapy at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy (Inc.) 1711 Green Street, Philadelphia, opening July 7th, 1909. The term is three months. Abundant clinical material for practical work, theoretical instruction with lantern demonstrations, anatomical lectures on actual specimens are only a few features of this most complete course. For illustrated prospectus, address the Superintendent.

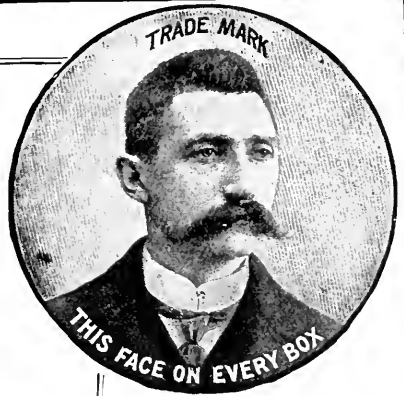
MAX J. WALTER, Supt.

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### Summer-time is Sprain-time.

Some wit has said that "Summer-time is sprain-time." Golf, tennis, baseball, and the other outdoor sports inaugurate a season of sprains and wrenches, and ankles, knees, wrists, elbows, shoulders, and backs pay the penalty of a missed drive, an overhand smash or a slide to base. The resultant conditions, the stretching or tearing of ligaments, contusion of the synovial membrane and damage to vessels and nerves, are best remedied by the use of Antiphlogistine, which markedly aids in the reconstruction of the injured part.

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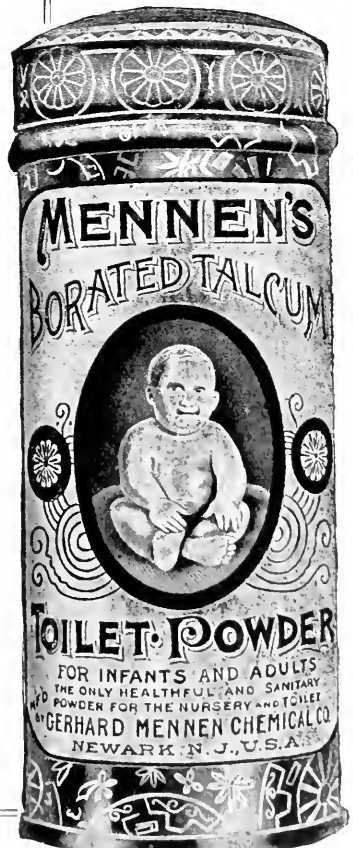
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MENNEN'S SEN YANG TOILET POWDER, Oriental Odor  
MENNEN'S BORATED SKIN SOAP } No Samples  
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# The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. V

TORONTO, JULY, 1909

No. 7

## INTERNATIONAL COUNCIL OF NURSES. SECOND QUINQUENNIAL MEETING.

July 19th, 1909.

Caxton Hall, Westminster, London, S. W.

The Council Chamber, 10.30 a. m.

1.—10.30 a.m., Call to Order.

Chair.—In the absence of the President, the Hon. President, Mrs. Bedford Fenwick, will take the chair.

2.—Address of Welcome, and Watchword for next Quinquennial Period.

3.—Minutes of the Berlin Meeting.

4.—Report of the Hon. Secretary, Miss L. L. Dock.

5.—Report by the Hon. Treasurer, Miss Breay.

6.—Reports of the Federated Councils.

(a) Great Britain and Ireland

By Miss Isla Stewart, Ex-officio Member of the National Council of Nurses of Great Britain and Ireland.

(b) The United States of America.

By Miss M. A. Nutting, President of the American Federation of Nurses.

(c) Germany.

By Fraulein Agnes Karll, President of the German Nurses' Association.

7.—Affiliation of the National Councils of Holland, Finland, Denmark, and Canada (in the order in which their Councils voted to come into membership.)

8.—Presentation of the Presidents and Delegates of the incoming Councils.

(a) Miss Cateau J. Tilanus, President of the Dutch Nurses' Association (Nosokomos).

Welcome.—By Miss M. Lamont, President of the Irish Nurses' Association.

(b) Baroness Mannerheim, President of the Finnish Nurses' Association.

Welcome.—By Miss G. A. Rogers, President of the Leicester Infirmary Nurses' League.

(c) Mrs. Henny Tscherning, President of the Danish Council of Nurses.

Welcome.—By Miss Christina Forrest, President of the Victoria and Bournemouth Nurses' League.

- (d) Miss Agnes Snively, President of the Canadian National Association of Trained Nurses.

Welcome.—By Miss M. Huxley, Vice-President, the National Council of the Nurses of Great Britain and Ireland.

9.—The Election of the Honorary Officers.

10.—Congratulations by the President of the American Federation of Nurses, or her nominee.

11.—Amendments to the Constitution.

- (a) To substitute the word "may" for "shall" in regard to the Hon. Presidents.
- (b) To substitute "two" for "four" delegates from each country.
- (c) To change time of meetings from every "five" to every "three" years.

12.—Selection of next Meeting Place.

13.—Reports invited from Countries not affiliated.

- (a) France, Dr. Anna Hamilton, Hon. Vice-President.
- (b) Italy, Miss Amy Turton, Hon. Vice-President.
- (c) Sweden, Miss Estrid Rodhe.
- (d) Switzerland, Miss Jacqueline Rutgers.
- (e) India, Miss C. R. Mill, Hon. Vice-President.
- (f) Australasia, Miss Louise S. Robson.
- (g) New Zealand, Miss Keith Payne, Hon. Vice-President.
- (h) Tasmania, Miss J. H. Milne, Hon. Vice-President.
- (i) South Africa, Miss J. C. Child, Hon. Vice-President.
- (j) Japan, Miss Suwo.
- (k) Cuba, Miss M. E. Hibbard.
- (l) Syria, Miss Ella Wortabet.

14.—Resolutions:—

#### THE STATE REGISTRATION OF TRAINED NURSES.

- (a) The International Council of Nurses desires again to record its earnest conviction that it is desirable both in the interests of the professional status of trained nurses, and of the public whom they serve, that provision should be made for their registration by the State, that such registration should be under the supervision of a Central Professional Authority, and that admission to the Register of those who have fulfilled the prescribed conditions as to training should be by the single portal of a State Examination. The International Council of Nurses offers its most cordial congratulations to all trained nurses so registered.

#### THE RIGHTS OF CITIZENSHIP.

- (b) The International Council of Trained Nurses offers its sincere and respectful congratulations to the women, and especially to the trained nurses, in those Countries and States in which they have been granted the rights of citizenship.

This Council is convinced that the possession of the Parliamentary Franchise, which places in the hands of women power and responsibility, will raise the standard of women's work, and in consequence, increase the professional efficiency of Trained Nurses.

LAVINIA L. DOCK,

Hon. Secretary, International Council of Nurses.

July 20th 21st, 22nd, and 23rd, 1909.

The Council Chamber.

PRELIMINARY PROGRAMME.

TUESDAY, JULY 20th.

Morning Session, 10 A.M. to 12.30 P.M.

President of Session—Mrs. Bedford Fenwick, President National Council of Trained Nurses of Great Britain and Ireland, Founder of the International Council of Nurses.

**Opening of Congress.**

By Miss Isla Stewart, Matron and Superintendent of Nursing, St. Bartholomew's Hospital, E. C.

**Education and Registration.**

"The International Standard of Nursing Education," Mrs. Hampton Robb, President American Society of Superintendents of Training Schools of Nurses.

"Nursing Education in Germany," Fraulein Agnes Karll, President German Nurses' Association.

"The Education of Nurses under l'Assistance Publique, Paris," M. G. Mesureur, Directeur de l'Administration Generale de l'Assistance Publique, Paris.

**Discussion—**

Miss M. A. Snively, President Canadian National Association Trained Nurses.

Baroness Mannerheim, President Finnish Nurses' Association.

Miss Cateau J Tilanus, President Dutch Nurses' Association.

Among the subjects suggested for discussion in this Session are "Co-operative Training," "Scholarships for Nurses," and "International Bureaux for Nurses."

**AFTERNOON SESSION 2 TO 4 P.M.**

President of Session—Mrs. Kildare Treacy, Hon. Secretary Irish Nurses' Association, Lady Superintendent City of Dublin Nursing Institution, Dublin.

**The Nurse in Private Practice.**

"The Doctor's View," D'Arcy Power, Esq., F.R.C.S., Surgeon to St.

Bartholomew's Hospital, London, Lecturer on Surgical Nursing to the Nursing Staff, St. Bartholomew's Hospital.

"The Patient's View," Mme. Alphen Salvador, Founder and President Training School for Nurses, Rue Amyot, Paris.

"The Nurse's View," Miss Mary Harvey, Member of the Registered Nurse's Society, London.

#### **Discussion—**

"A Special Curriculum for Private Nurses," Miss J. C. van Lanschot Hubrecht, Secretary Dutch Nurses' Association.

"Nursing Economics."

### **WEDNESDAY, JULY 21st.**

Morning Session, 10 A.M. to 12.30 P.M.

President of Session—The Lady Helen Munro-Ferguson, Lady President, Home Committee, Lady Minto's Indian Nursing Service; Member Advisory Council, Territorial Force Nursing Service.

#### **The Nurse as Citizen.**

"The Preparation of the Nurse for Administrative Positions and for Social Service," Miss M. Adelaide Nutting, President American Federation of Nurses, Professor of Domestic Science, Teachers' College, Columbia University, New York City.

Mlle. Chaptal, Directrice de la Maison Ecole des Infirmieres Privees, Paris.

#### **Discussion.**

"Social Service Work." "The Factory Nurse." "Nursing in Prisons."

### **AFTERNOON SESSION, 2 TO 4 P.M.**

President of Session—The Right Hon. The Lord Sandhurst, G.C.I.E., G.C.S.I., Treasurer St. Bartholomew's Hospital, London.

#### **The Relations of Nursing and Medicine.**

1. Miss M. Mollett, President Royal South Hants Nurses' League, Matron Royal South Hants and Southampton Hospital, Southampton.

#### **Discussion —**

### **THURSDAY, JULY 22nd.**

MORNING SESSION, 10 A.M. TO 12.30 P.M.

President of Session—Mrs. Hampton Robb, President, American Society of Superintendents of Training Schools for Nurses.

#### **The Care of the Insane.**

"The Care of the Insane," Dr. Robert Jones, Medical Superintendent, Claybury Asylum, Lecturer on Mental Diseases in the Medical School, St. Bartholomew's Hospital, London.



"The Modern System of Nursing the Insane," Miss Parsons, Superintendent of Nurses, Sheppard and Enoch Hospital, Baltimore, U.S.A.

**Discussion—**

**AFTERNOON SESSION, 2 TO 4 P.M.**

President of Session—Miss Isla Stewart, Matron of St. Bartholomew's Hospital London; Member of Nursing Board, Queen Alexandra's Imperial Military Nursing Service.

1. The Right Hon. R. B. Haldane, K.C., M.P., Secretary of State for War.
2. Miss C. Elston, France, Directrice, Ecole des Gardes-Malades de l'Hopital du Tondu, Bordeaux, France.
3. Fraulein Karll, Germany, President German Nurses' Association.

**Discussion—**

**FRIDAY, JULY 23rd.**

**MORNING SESSION, 10 AM. TO 12.30 P.M.**

(For Women Only.)

President of Session—Fraulein Agnes Karll, President German Nurses' Association.

**Morality in Relation to Health.**

1. The Hon. Albinia Brodrick, Member National Council of Nurses of Great Britain and Ireland.
2. Miss L. L. Dock, Hon. Secretary, International Council of Nurses.

**Discussion—**

**AFTERNOON SESSION 2 TO 4 P.M.**

President of Session—Miss M. Agnes Snively, President Canadian National Association of Trained Nurses.

**The Nurse in the Mission Field.**

"Preparation," Miss E. Margaret Fox, Matron, Prince of Wales' Hospital, London.

"Practical Sphere of Work," Miss E. M. Stuart, M.B., Medical Missionary, Ispahan, Persia, Church Missionary Society.

**Discussion—**

4 p.m.—Votes of Thanks.

**IN THE SMALL HALL.**

Conferences on Questions of Interest to Nurses to be announced later.

**HOSPITALITY, JULY 19th.**

To meet the Hon. Officers and Delegates of the International Council of Nurses.

2 p.m.—Inaugural Luncheon.

Georgian Rooms, The Gaiety Restaurant. Hostess, Mrs. Bedford Fenwick and others.

4 p.m.—At Home and Tea.

St. John's House Queen Square, W.C. Hostess, St. John's House Nurses' League.

9 p.m.—Reception.

Great Hall, St. Bartholomew's Hospital, E.C. Hostess, Miss Isla Stewart.

### HOSPITALITY DURING THE CONGRESS.

**Tuesday, 20th July.**—4 p.m.—The British Journal of Nursing at Home, at the Nursing Exhibition, Caxton Hall; Tea, Music.

8.30 p.m.—Conversazione, Music.

**Wednesday, 21st July.**—4.30 p.m.—Reception at Dorchester House, by Mrs. Whitelaw Reid.

8 p.m.—Banquet, the Gaiety Restaurant, the Right Hon. the Lord Ampt-hill in the chair.

**Thursday, 22nd July.**—4.30 p.m.—Reception at the Mansion House by the Lord Mayor and the Lady Mayoress.

Evening: Theatres, etc.

**Friday, 23rd July.**—5 p.m.—Tea at the Irish Village, the International Imperial Exhibition, Shepherd's Bush. Hostess, the Hon. Albinia Broderick. Visit to the Exhibition.

**Saturday, 24 July.**—Visit to Windsor Castle and Royal Domain. Tea.

During the Congress week arrangements can be made for foreign visitors to visit the leading hospitals in London, and other interesting institutions.

In making up the programme the committee has purposely not overlooked it with Papers, as when so many eminent nurses are present it is much more interesting to have plenty of time for discussion. Besides the names of those appearing in the Programme, many others have promised to take part in each Session.

Tickets will be on sale, price 3s., after June 1st, by application to Miss Cutler, Hon. Secretary, N.C.N., at the office, 431 Oxford Street, London, W., and at St. Bartholomew's Hospital, E.C. Tickets must be paid for upon application, and admit to all the Congress Sessions, and the Exhibition. Presidents of Nurses' Leagues could help by taking tickets on sale or return to save trouble to nurses and others in their districts.—*By courtesy of the British Journal of Nursing.*

### LETTERS OF A NURSE IN TRAINING, NO. III.

The Hospital of the Good Samaritan, 4 p. m.

My Dear Margaret,

Please notice the time inscribed above. I have risen from my downy couch to give you the benefit of my meditations—yes, it is true, I am on night duty, and have been for nearly two weeks. On the first of November I came hurrying down to dinner and noticed an excited group gathered round the bulletin board. "The changes were up." Little Miss Bethune was standing on the outskirts of the crowd looking decidedly miserable. "We're on night duty," she whispered. "What!" I shouted in very unpro-

fessional tones. "Yes, we are," said Miss Bethune. "I'm on Ward Four, and you're on Ward Five." I sat down weakly on the nearest chair and gasped. "There's a dreadfully delirious patient in Four," she went on, "he hit the orderly on the head with his rubber air cushion this morning; and I'm so afraid of the night superintendent, and, and, oh, dear!" Miss Bethune indulged in a furtive tear or two. I had been on Five for several days and did not like it. It is a mixed up sort of place, two surgical semi-privates, an eye and ear patients' ward and a small ward for children, nearly all orthopaedic cases. Worst of all there is a small emergency ward, which is used for any very sick patient from the public wards—altogether a lovely combination. Well, there was nothing for it but to bite on the bullet and not let them know I was afraid. When I went back after dinner I was told to go off duty and report again at seven. Miss Bethune and I mooned round the home all afternoon too excited and miserable to sleep. At seven o'clock we marched down the long connecting corridor from the home like two criminals condemned to execution. "Can I rattle up the lift to you if I get too frightened?" said Miss Bethune. "Oh please do, at least once in the night," said I in a very shaky voice. The ward kitchens have lifts on which the meals are sent up, and it is possible to speak down them without making very much noise.

I took the report and started to settle things up for the night. There was only one very sick patient, an operative case with suction drainage in the abdomen. The rest were not ill enough to require more than ordinary care. The night superintendent came round, went in to see the sick woman and made me feel as though some of the responsibility were lifted from my shoulders. She told me to get the dressing carriage ready as the house surgeon would probably dress Mrs. Munroe about eleven o'clock. When I was in the midst of my preparations I heard footsteps approaching down the corridor and peeped out to see if it was the house surgeon. To my horror it was Dr. Landhurst. He is the senior surgeon of the staff and is a sort of ogre in the eyes of the junior nurses. Mrs. Munroe is his patient, so I knew my fate was sealed. He would dress her himself. I lifted the instruments off the stove with trembling fingers. The bald headed eagle, as he is most irreverently nick-named was standing in the corridor gazing up at the row of electric switches on the marble switch-board in a very absent-minded manner. I didn't dare disturb his august meditations, but meekly wheeled the carriage to the door of the ward and awaited further orders. Having finished his contemplation of the switches he marched down after me. He never uttered a syllable and neither did I. Never before had I officiated at a major dressing, but several times I had rendered humble assistance to more accomplished damsels. I could feel those keen grey eyes watching my every movement, but, as he offered no criticism I suppose I managed to refrain from any serious lapse of technique. The light was none too good, so I was ordered to get a candle. I didn't dare suggest a drop light, a candle was ordered and a candle I got, and thereby hangs a tale. In my enthusiasm to give him the best possible light I dodged the candle about in various positions, and then a terrible thing happened—a

drop of hot wax flicked right on to the top of that shining bald pate. To my horrified gaze it seemed to spread and increase its boundaries like the advertisement of somebody's paints "which cover the world." The silence was broken by a decidedly profane exclamation. I was simply paralyzed. The dressing finished, he went out to wash his hands and I tried to show my contrition by compassing him about with observances — gave him clean towels and our best boiled green soap, but still that white patch of wax filled my mental vision. After he had dried his hands he ducked his head down. "Take that off," he said. And I took it off. My face must have been too much for him, for he laughed. I shall never be afraid of the Bald-headed Eagle again.

By this time bells were ringing furiously in all directions and Eddie in the children's ward was making night hideous with loud demands for milk. By the time midnight supper was brought round I was heartily glad to get a chance to sit down for five minutes. Then I heard the lift ropes rattle softly. It was Miss Bethune. "How are you getting on?" I asked. "Oh, pretty well," she answered, "only I've just had such a dreadful fright." "Is that delirious patient getting obstreperous?" "Oh, no, he's quite decent, but (in tragic tones) I opened the garbage can a few minutes ago and three mice jumped out, two great big ones and a little one, and I know they're hiding in the kitchen somewhere!" "Never mind, the night's half over," said I consolingly and shut the lift door, and meditated on the eccentricities of female psychology. That girl would face a delirious man and make him behave himself, but three mice—a sudden thought struck me. I softly took the lid off our garbage can, nothing happened. It was a relief. I don't like mice, myself, especially when they dart out of ambush at one.

Between three and four in the morning seems to be the worst time. It is then that you are morally sure that there is a dim figure standing out in the sun gallery or that footsteps are following you down the corridor, stopping when you do, or more hideous still, when you steal in to look at the sickest patient, her features look sharpened in the shaded light, and her lips bluish, what a relief when she stirs and looks up at you with her little patient smile. By five o'clock the tide has turned, there is even a wintry glow in the east. Up on the kitchen flat they are making up the fires, the night engineer comes round and looks at the thermometers. In all these wholesome commonplace activities one feels the day break and the shadows flee away. The busiest hour of all is from six to seven. The children wake up and demand drinks, the men inform you that a cup of coffee "would go fine," the semi-private lady, who isn't ill but thinks she is, would like her pillows turned, her curl papers taken out, her plant watered. Somehow or other the work all gets done at last and there comes a rustle along the hall, the day nurses are on. You suddenly become aware that you are a bedraggled-looking object when you contemplate their crisp freshness. The night has left its mark on you, not only physically, but on heart and mind, too. You have had your first real taste of responsibility and found it bitter-sweet.

Before we went to bed, Miss Bethune and I exchanged notes. "The mice were the worst," said Miss Bethune, with a reminiscent shudder. A few

nights later I was punished for laughing at her. I was scurrying along with the two o'clock diets when I noticed some peculiar black objects on the rubber matting outside the eye and ear operating room. As I looked they moved. I put down the tray and went to investigate. They were leeches—three of them. The cover of the glass jar in which they are kept must have been left off accidentally. Perhaps you remember my horror of creeping things, and what a fuss I made the day the boys threw a dead snake at me. That snake was dead, but these leeches were alive, horribly alive. Besides I knew they were to be applied the next day to an eye case. I had seen the order in the book and heaved a sigh of relief that I was not scheduled to behold that particular horror. I found a long pair of forceps and started bravely out to recapture them. After several shuddering attempts I succeeded in capturing two. They curled round the forceps in a rather alarming fashion, but I managed to restore them to their jar. The third had a more independent spirit. He clung to the matting with all the tenacity of his kind and although I pulled at him until he stretched in a most sickening manner I could not dislodge him. Just as I was giving up in despair, a belated house surgeon came along who was, of course, moved to unseemly mirth at sight of the combat. Any lingering doubts I may ever have had as to the inherent physical superiority of the male race were then dissipated, for, Margaret, he took that leech up in his fingers and it never even tried to bite him.

My real baptism of fire came last night. One of the nurses informed me at tea time that there was "an awful case in the emergency." She was right, there was. It was a severe case of eclampsia. She had had a number of convulsions during the day and they were increasing in frequency. She was never really conscious at any time, but seemed fairly strong. Her husband was to stay all night and sit with her, so I fondly imagined I could look to him for a little help. I soon found out my mistake. He was far more frightened than I was, and if I stayed away for more than a few minutes I found him at my heels. A little after midnight I had to go to Eddie in the children's ward, and while I was in there a bell rang furiously. When I reached the corridor my very blood ran cold, the patient was standing in the door of her ward wavering from side to side ready to fall. Her face drawn into a hideous grimace, her eyeballs glassy and staring. For one awful moment I felt as though I must cover my eyes and scream. Somehow I reached her, lifted her bodily, and put her back into bed. I could not have done it in cold blood for she was fairly heavily built. Her husband was cowering against the wall, still pushing the button of the electric bell. Isn't there something terrifying in the very sound of a bell rung like that? It seemed to ring in my very brain. An hour later she died, and as the night superintendent was very busy I had to prepare her for removal alone. I will never forget the horror of it. I seemed still to see that hideous figure in the doorway, the staring eyes, the distorted features, and her husband crouching in the corner, afraid to touch her whom he had once loved. Oh, Margaret, why can't we die decently, what can be the use of all this torture, this making of the being we loved a thing to shudder at? But there, I'm battering at the doors of the unknowable with my puny little fists. If one stopped to realize the horror of it one would

go mad. Do you remember our childish discussions as to who or what the power of darkness might be? Last night those sable wings overshadowed me, "it makes a goblin of the sun."

I don't want to finish in this strain, you will think I am growing morbid, but you must understand yourself how difficult it is to see things sanely during the last watches of the night. Kipling writes somewhere about "two o'clock in the morning courage." It's a broken reed to lean on I'm afraid.

Yet it's good, all of it. If life be service, then I grasp life at last in its fullness, for here one can serve, serve to the uttermost. And what can one ask more than this? Even the Power of Darkness cannot prevail against it.

E. J.

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### THE EFFECT OF THE TRAINING SCHOOL ON THE INDIVIDUAL.\*

It is a far cry from the days when Dickens wrote of a "Sairy Gamp" and her kind as typical nurses, or even from the time when Florence Nightingale began her great work, to the present time of well equipped hospitals and well trained nurses. The care of the sick is no longer left in the hands of ignorant and careless inferiors. Nursing is not, in these days, a distasteful duty to be shunned if possible, but a profession, and one of the finest; and the nurse occupies a high place among the world's workers.

What has effected this great change? There may be different agencies responsible, but surely chief among them must be placed the training school; for the difference between the trained nurse of these days and the nurse of fifty or sixty years ago is, to some degree at least, the difference between the day laborer and the artisan—a difference directly due to the training school.

All true training, no matter for what work, must be beneficial. It takes the individual in a "raw" state and so develops and disciplines her as to bring out the best of which she is capable. The nurse may enter the training school young and inexperienced and perhaps without a true appreciation of what is really important in life; but unless her nature is wholly superficial she leaves that school with a greatly developed character as well as with a complete equipment for her work.

To begin with purely physical matters, the training school teaches the necessity of absolute cleanliness of person and surroundings. It teaches the value of fresh air and sunlight and of simple, regular habits; and having learned not only these laws of health but also the reasons for them, the nurse is able to carry something of the missionary spirit into her work and help those in need of such help, to better ways of living. In the training school, too, one learns that exquisite neatness of person, and freshness and simplicity of dress are not only much more professional but also much more attractive and in better taste than any attempt at display. She learns also to work quickly and effectively and at the same time quietly. She becomes systematic for she must accomplish as much as possible with the least

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\*Prize Essay class of 1910. Prize presented by the Alumnae Association of Toronto General Hospital.

expenditure of effort; and she becomes exact, for mistakes in her work may have fatal results.

From the very nature of her duties the nurse-in-training learns self-control. She sees others quiet and self-possessed even at the most critical moments; and realizing the necessity for this, she gradually develops the same characteristics herself. A trained nurse must be always equal to the occasion. Further, she must be tactful and learn to study her patients, so that each may be dealt with in the best manner. In this way, even a patient's peculiarities will be used to help towards her recovery.

Sympathy, too, is a very essential attribute of the successful nurse. One may enter the training school with a somewhat unsympathetic nature, but the sight of so much suffering, often patiently borne, will change that. The nurse, from her understanding of the disease, is able to sympathize as another person could not. She acquires a gentle manner, becomes more thoughtful and anticipates her patient's needs and wishes, in her desire to help.

Again, the training school develops decision of character. So much is at stake that there must be no uncertainty or wavering in a nurse's nature. She is dealing with human lives and her training teaches her to think and act quickly in emergencies. She knows what to do and she does it without hesitation. She has learned to be firm without being obstinate; to exact obedience without being overbearing.

From the nature of her work, too, the nurse learns to keep her own counsel. Her position necessitates her seeing and hearing something of the affairs of her patient—matters perhaps that must never be alluded to in any way. Thus avoiding gossip the nurse overcomes a certain tendency to pettiness that might otherwise develop. Filled with a sense of the great importance of her work, she attains a dignity and gravity of mind and conduct that must place her mentally and morally upon a higher level.

Realizing, from what she sees in her daily duties, how much suffering there is in the world, and knowing often of pitiable circumstances in connection with the suffering, the nurse-in-training finds her sympathies enlarged and her horizon broadened so that her conception of life is a very different one from that of the inexperienced girl who entered the training school three years previously. She begins to see things in their true perspective and to place a proper value upon them. She possesses now, if she has taken her work seriously, a trained mind in a trained body. She has gained some degree of culture and is ready to go forward to her work with a true idea of its value, capable, efficient, and in every way worthy of the high regard in which the world has learned to hold her.

E. NORA CAMPBELL.

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### SOME NEGLECTED THINGS.\*

There are many things to which too little regard is paid even by those who should be leaders in matters of hygiene. It is to be expected that the general public should be neglectful of many important matters regarding their

\* Abstract of an address delivered to the Nurses' Alumnae Association of the Toronto Western Hospital.

physical well being; because, even in these days of acres of paper and oceans of ink, with pseudo science expounded in the most comprehensible speech, there are still sins of ignorance—ignorance of facts well known to those devoted to the study of processes of health and disease.

The privilege of the professional is not merely to perform service and collect fees, but like every other privilege, the privilege of knowing things begets obligation, and it is the obligation of the physician and the nurse to warn those with whom they meet of impending dangers and of the indications that portend them. To the nurse, almost more than to the physician does the opportunity come. Her patients, her family, her social circle, her casual acquaintance, all mean opportunity, and that without the need of always talking "shop."

Many things are neglected that are of vital importance to the heedless, but let us whose duty it is to give warning not be prophets of terror. Our advice should be given with consideration and with due appreciation of the danger, the ignorance, the prejudice, and the fears of the afflicted.

If you speak of the need of early recognition and treatment of cancer or tuberculosis, let your suggestion be intelligent or definite, but not backed up by the black cloud of death, however real the cloud may be, near or far away.

These two are among the neglected things, and the neglect is the cause of a very high death rate in both. It is not so long since tuberculosis was thought to be, excepting in the rarest cases, hopeless, the only one entertaining hope being the patient—and perhaps some fond friend. The prognosis was usually justified by the result and is yet too often, because the early stage is passed over before suitable treatment is adopted.

If you come in contact with one having hectic flush, failing energy, persisting cough, loss of flesh, perhaps indigestion, the nurse can, so much better than the physician—unless directly appealed to—give a timely warning.

If the case should be one of tumor in the breast, hemorrhage or abnormal vaginal discharge, the hemorrhage, coming especially after the menopause, and the discharge being blood tinged or foetid, let "no delay" be counselled. All these cases will not be tubercular or cancerous, but some of them will and you have probably saved some one from premature death and covered a multitude of sorrow.

Since the public has been insistently instructed in the early symptoms of cancer and its danger, while facilities for treatment have been supplied, the death rate in Germany has greatly decreased. All over the civilized world, tubercular disease has been much more amenable to treatment since more care has been given to it in the early period before great destruction has resulted. Something, too, must be credited to more rational management and scientific treatment.

Another neglected abnormality is the tonsillar enlargement of children—including the faucial—adenoid hypertrophy. From this comes deformity of the jaws, teeth, face, chest, ill development of body and intellect, with catarrh, nasal, pharyngeal, laryngeal, bronchial. Besides there is an increased susceptibility to almost every human ailment. Early operation in these cases is of



immense advantage. Deferred operation may mean death and always permanent defect.

I should like to speak with special emphasis of another neglect so universal that mine is as the voice of one crying in the wilderness. I refer to "growing pains." Now "growing pains" are no such thing. They are rheumatism, and in our country, from neglect of that condition, there are thousands of crippled hearts. A crippled heart from endocarditis results in loss of competence, distress and shortened life.

What can you do? Advise every parent that all cases of growing pains should be actively treated in bed just as any other case of acute rheumatism.

Remember that every case of valvular heart disease means a shortened life.

This is the age of dentists, and is so because we indulge too much in indiscriminate sugar and candy eating, because we eat too little of the whole grains, but especially because we eat too little hard food. When we enquire why the former generations were better than this we do not enquire wisely, if we ask about the teeth. We are enquiring about a generation that flourished before flour was so carefully bolted, when cookery had fewer devices to make food soft and luscious, and candy was not an article of daily—not to say hourly—consumption.

Teeth, like any other organ, require exercise for proper development and strength. Not only so, but the maxillary bones, the arch of the mouth and the upper air passages all come to proper form only by the functioning of the parts designed by nature, and the movement and stress of the muscles and bones in the act of mastication is of the utmost importance.

The teeth are a part of the digestive apparatus, and though culinary art may make mastication unnecessary, it does not ensalivate the food nor make teeth unnecessary. So if we wish our teeth for cosmetic or hygienic purposes let us use them. To use them early means to keep them long. That means added health, comfort, beauty and prolonged life. It means the avoidance of pain and expense. I claim, then, that to eat hard food is as much a hygienic measure as to exercise the body or breathe fresh air.

I shall not classify these neglected things in the order of their importance—I should not be able. Of one thing I am certain, that all are of great importance and that we all may have some influence in minimizing the evil growing out of the neglect by pointing it out.

J. S. HART.

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### THE TORONTO CENTRAL REGISTRY.

June 1st, 1905, saw the inauguration of the Central Registry of Graduate Nurses of Toronto. Miss Land, a graduate of the pioneer training school of Canada, was its first member. Since that time, the Central Registry has steadily grown in numbers, in usefulness and in influence, till to-day it easily takes first place among institutions of its kind on this continent.

The nurses in a number of other large cities have applied to Miss Barwick for help and guidance in starting similar institutions and in several

instances Miss Barwick has gone and carefully explained the working of the Registry and given valuable assistance in starting the new institution.

It has been Miss Barwick's privilege to assist in the establishment of Central Registries similar to our own, but in much of the work of the Registry it is the privilege of every member to bear a part. I refer particularly to the charity work done, where I am sure every nurse feels glad that she has a share in brightening some sad life and making some burden a little less heavy. Then, too, all the members have a share in helping to build up the library of the Toronto Graduate Nurses' Club. You remember we reported a year ago having purchased "The History of Nursing" by Miss Nutting and Miss Dock as the nucleus of this Library. We have not added to it very extensively, but there is a list of the books secured by the committee and of those presented by the Editorial Board of "The Canadian Nurse":

Books secured by Registry Committee:

"The History of Nursing" Miss Nutting, Miss Dock.

Nursing Ethics," Mrs. Hampton Robb.

Books presented by the Editorial Board of "The Canadian Nurse."

"Practical Nursing," Isla Stewart, H. E. Cuff, M.D.

"A Short Practice of Midwifery for Nurses," Jellett.

"Rotunda Midwifery for Nurses," G. Y. Wrench.

"Materia Medica for Nurses. Groff

"Fever Nursing," Wilcox.

"The Care and Nursing of the Insane," Percy J. Bailey.

"Practice of Medicine for Nurses," Hoxie.

"Obstetrics for Nurses," De Lee.

Donation by Miss Ralfe, \$1.00.

Since June 1st, 1905, till May 1st, 1909, Miss Barwick was our Registrar. It is to her and to her alone that the success of the Central Registry is due. None of us realize the thorough, conscientious work and the thought—sometimes anxious thought—that Miss Barwick has so unstintedly given to the Central Registry during this time, bringing as she did her eight years' experience in Baltimore and giving our infant institution the full benefit of this and putting into it the full force of her own personality, her enthusiasm and her energy. What wonder is it if, from the first, our infant institution bore the stamp of success?

You say—But the Committee was there to render assistance in the conduct of the business. True, but in spite of the fact that the Committee rendered all the assistance in its power and gave close attention to the work in hand, the bulk of the work and worry was borne by our faithful Registrar. She must be at the telephone day and night to help the doctor when he needs a nurse in a hurry; to respond to the call from out of town and get a nurse off on a train that leaves in an hour, perhaps less; to answer brightly and cheerfully the nurse who reports for duty whether it be at 12 p.m. or 6 a.m. (this is no exaggeration).

We cannot estimate the work done or realize the heavy responsibility so willingly carried, therefore any expression of thanks and appreciation to Miss Barwick will necessarily be weak and lame when compared with her noble and ever courteous discharge of duty.

And just here let me speak, too, of Miss Barwick's invaluable assistant, her sister Miss Maud Barwick. We cannot speak too highly of the splendid work done by her in the hours when Miss Barwick was off duty. She ever took the keenest interest in the Registry and by her painstaking, faithful work and cheery enthusiasm, bore no small part in placing the Central Registry on its present high plane.

The Committee, in whose behalf I speak to-night, wish to place on record their sincere and heartfelt regret at Miss Barwick's resignation, their keen appreciation of her conscientious and faithful work, her unfailing courtesy, and her staunch loyalty to the Nurses at all times. We enjoyed our work with her and are the better for having known her.

Also we wish to express to Miss Maud Barwick our gratitude for and high appreciation of the splendid work done by her in her official capacity of Assistant, and our genuine regret that this tie has been severed.

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Since we must part with Miss Barwick and her sister in their official capacity of Registrar and Assistant, the Committee feels that the best has been done in securing Mrs. Downey, a graduate of St. Luke's Hospital, Chicago, as Registrar.

Mrs. Downey will, we feel sure, put forth every effort to carry on faithfully and successfully the work which has been so well begun. The work is new to her, most of the members as yet are strangers to her, therefore every member will feel it a privilege to render her any assistance possible.

Her sister, Miss Miller, assists her. I bespeak for Mrs. Downey and Miss Miller the hearty co-operation and assistance in the future which we have given Miss Barwick and Miss Maud Barwick in the past.

—*Abstract of an Address by Miss Crosby at the Annual Meeting of the Registry.*

### NEW TREATMENTS OF VARIOUS DISEASES.\*

It is a common saying that "Error is the forerunner of wisdom," and however the statement may be questioned in an absolute sense, it certainly finds an application in the field of therapeutic medicine, for, looking back in the history of medicine, we see many instances where advances in the curing art were entirely due to the correction of some detected error. This does not mean that olden therapeutic systems were discarded, and replaced by something new and different, but that by a gradual process defects were eliminated, exaggerated application modified, weak points strengthened, etc., until the old system apparently stood in a new dress, and perchance bore a new name.

In early days, polypharmacy, or the prolific use of numerous drugs in single prescriptions, constituted the sole hope of the physician. Now such a system is regarded as a mark of the mere empiricist. The old French monks employed and perfected a system of hand rubbing for certain ailments, which latter was elaborated and exaggerated into a more modern "osteopathy," and applied to every known ailment, with assurance of cure. Revolt

\* Read before the Graduate Nurses' Association of Ontario

against this misapplied use of an excellent therapeutic agent has given us a still more modern "massage," for selected affections. Again, homeopathy may be regarded as a protest against polypharmacy, the pendulum of correction swinging to the opposite extreme.

Other examples might be given, but this will suffice to show that modern therapy is made up from the selected gleanings of older systems—in steps conceived, initiated, and carried to a workable conclusion by the incessant energy of enterprising minds. These minds, never satisfied with the indefiniteness of medical art, kept striving on to place it on a more exact basis. That much remains to be done must be freely admitted, but that we are much indebted to the untiring energy of the pioneers of medicine must with equal freedom be acknowledged.

In attempting to discuss some of the new phases of treatment in one brief paper, much must obviously be omitted. This is merely an attempt to present a few of the new methods sufficient to indicate that progress has been made and is still going on.

### **Typhoid Fever.**

An encouraging report on the value of anti-typhoid serum in typhoid fever has been presented to us by Chantemesse (*L'Hygiene Gen. Et. App. Liquee*). He states that in one thousand patients subjected to his method of treatment during the past six years, the mortality was 4.3 per cent., while the mortality in 5,641 patients treated in the other hospitals of Paris during this period was 17 per cent. Hydrotherapy was employed in all cases in addition to the serum treatment; in the hands of Brunon and Josias this method gave equally good results, and at the military hospital of Val de Grace there were but five deaths in the 90 cases so treated, the mortality for the preceding years (six) before the introduction of the serum treatment being 10.6 per cent. Chantemesse emphasizes the importance of using the serum as early as possible. He has never seen a fatal result when the patient received the serum within ten days of the onset of the disease.

The dose of the serum is from one to five drops, hypodermically. After the injections there follows a period of re-action in which the temperature is frequently somewhat elevated. The general condition is not improved during this re-action, which lasts for a few hours to several days. This phenomenon is the result of the destructions of the bacilli in the body and the consequent liberation of an additional amount of toxin.

The opsonic index is found to be increased to a greater degree in severe infections than in mild ones, and for this reason Chantemesse advises using a minimum dose of serum in severe cases, as the greater the bactericidal power of the blood, the greater will be the reaction. After the reaction comes a period of defervescence. The pulse is slowed, the blood pressure is raised, the quantity of urine increased, the spleen enlarged, and the patient feels more comfortable. The temperature usually continues to fall for ten or twelve days, when it may remain stationary for a few days, and then go on to a rapid lysis or mild relapse. The influence of the serum seems to have been exhausted by this time, and a second injection may be required.

Lieut. Luxmore, of the British Army, presents a favorable report on

anti-typhoid vaccination. In August, 1905, he inoculated with sterilized cultures of typhoid bacilli 150 men belonging to the 17th Lancers, prior to their departure for India. All the men received a second inoculation with the exception of twenty-three who refused it. In less than two months the regiment suffered from an outbreak of typhoid, during which 63 cases were recorded. Only two of these occurred amongst those who were inoculated, and these two were ones who refused the second dose of vaccine which is considered necessary in order to confer the full measure of protection.

M. Manges (*New York Med. Journ.* 1906) believes that the diet of typhoid should be suited to the taste and condition of the patient—the state of the tongue, mouth, abdomen, etc. The use of fuller diet is justified both from the theoretical and practical standpoints.

First, the long duration of the disease renders it imperative that the general nutrition of the patient should be kept up to the highest standard to sustain life and prevent complications, and secondary infection, as far as possible.

Second, the diet must be palatable, and must be of such character that the patient can relish and digest it, and also that it can provide for the loss of tissue resulting from the febrile process.

Third, the diet should be so regulated that no harm results to the patient on account of the peculiar anatomical lesions.

Horsslin has proved that the febrile temperature of typhoid is not increased by the quantity of food taken. The rule given is a simple one. If the patient desires more food, the quantity and variety may be safely increased.

Klemperer and others have shown that the larger quantity of food given is properly digested in spite of the fact that most of the glandular secretions are diminished, and the motility of the stomach more or less weakened. The stomach functionates well, provided the food is not given in too large quantities, and provided the deficiency of hydrochloric acid is made up by the administration of acid, or by sterilizing the food. Klemperer has proved that nearly 90 per cent. of 100 grammes of fresh, easily digested fat is absorbed and 91 per cent. of 100 grammes of albumen absorbed.

Carbohydrates are seldom found in the faeces unless excessive quantities have been taken. It is very important that all articles of food be thoroughly cooked, carefully minced or strained, and as sterile as possible. Food must be thoroughly masticated.

Kinnicutt (*Boston Med. & Surg. Jour.*, Oct. 9th, 1903) gives the following comparisons between liberal and fluid diet:

	Liberal diet.	Fluid diet.
Relapses, per centage .....	11.88	10.80
Haem .....	4.77	8.83
Perforations .....	1.36	2.40
Mortality .....	9.47	10.55

#### Diphtheria.

Ker & Croom (*Edinburgh Med. Jour.* 1907) have employed formic acid

in 412 cases of diphtheria with the result of diminishing the death rate by 1.8 per cent. over that of the previous year. Previously strychnine had been given as a heart tonic, but in 1906 formic acid in 25 per cent. aqueous sol. in doses of 5-20 m. (0.3-1.2 C.C.) every four hours was substituted, the dose being graduated rather by the severity of the infection than by the age of the patient. No change in the heart action was noted until after 48 hours, and then the change was rather a negative one; that is to say, many of the severe infections did not show the expected cardial weakness and irregularity; on the other hand the pulse in many instances was much improved, as was the color of the skin and general nutrition. Patients were observed who appeared doomed to die of heart failure, but who rallied, this manifestation being attributable to the possible limiting effect of the formic acid upon the degeneration of the heart-muscle or its beneficial action on the undamaged muscular tissue.

Cases have been injured and a few have been aided—possibly saved—by the cold, fresh air treatment. The only regulation is to make the patient comfortable, keeping the feet warm especially. The ears, nose and hands may get cold without harm.

### **Pneumonia.**

T. E. Rennie has adopted the open air treatment in every case of acute pneumonia occurring in the Royal Prince Albert Hospital, Sydney, N.S., during the last ten months of 1907—last report. No unfavorable symptoms of any kind were observed. Temperature never rose above 103 deg. F. Crisis was never delayed beyond one week, and almost immediate improvement was observed in the pulse, so that rarely was a cardiac stimulant necessary. He has no hesitation in recommending the general adoption of the treatment.

W. P. Northrup strongly advises the open air treatment. He says the cases most favorably affected by this treatment are those with severe poisoning, with delirium, partial cyanosis or deep stupor. Open air may be secured by screening off the bed and a portion of the room next the window. A free diet does not aim at resting the kidneys which is beneficial in acute nephritis from any cause.

Delearde (*L'Ectro Med. du Nord*) quotes cases of scarlatinal nephritis with oedema, haematuria, albuminuria and casts, in which all the symptoms rapidly disappeared when the patient was put on a chloride free diet. Some foods containing hydro-carbons are nourishing and non-toxic. Constipation and digestive disturbances often avoided. This diet: Soup, eggs, cream, purees of vegetables, nuts, sweet-meats, fats, bread made without salt. Treatment must be continued for several weeks to be effective.

### **Tincture of Iodine in Surgery.**

Dr. Walter T. Dannreuther, in a paper in the *Medical Record*, advises surgeons to wash out wounds during operation with a watery solution of iodine—one drachm of the tincture to one pint of water. For cleansing the hands he uses one drachm of the tincture to one quart of water. Staining of the hands is unusual unless a stronger solution is used, when ammonia will remove it. He prepares catgut by immersing the strands in a watery

solution of one per cent. iodine and one per cent. potassium iodide crystals for eight days, then transferring to a dry sterile jar covered with gauze. This catgut is antiseptic and aseptic, as proved by bacteriological experiments; it absolutely cannot be infected: its tensile strength and pliability are increased, and it is exceedingly cheap.

Dr. Dannreuther says iodine is a germicidal agent of high potency—one of the most valuable antiseptics in our armamentarium, and endowed with remarkable penetrating power. For two years he has not had a case of stitch abscess in wound infection.

### Scarlet Fever.

The Journal of the American Medical Association says: "The advantage of hot, or at least warm water bathing in scarlet fever is well set forth by Dr. H. W. Rover, of Denver, in *Colorado Medicine*."

He premises the discussion of the hot-water treatment of this disease by the statement that "What the cold bath is to typhoid fever, the hot bath is to scarlet fever. The advantages of hot baths in this disease are that they hasten the completion of the eruption; quiet restlessness and prevent cerebral excitation, dilate the peripheral blood vessels, and increase heat radiation and diaphoresis, which is often absent in this disease; tend to prevent itching; relieve the congestion of the kidneys due to dry skin; make desquamation more rapid; and tend to remove daily the dry epidermis that, if not prevented by oily applications, will fly about and spread the contagion.

### Scopolamine in Labor.

Kronig believes that scopolamine given in conjunction with morphine, surpasses all other anaesthetics in labor, producing the so-called "dawning sleep." A three hundred per cent. solution of scopolamine hydro-bromide, and a one per cent. solution of morphine are used.

The first injection consists of 4.5 decimilli grammes of scopolamine, and one centigramme of morphine. It is given while the patient is having pains lasting at least thirty seconds, and which occur at regular intervals of four or five minutes. The first effects are generally manifest about half or three-quarters of an hour later. The patient becomes sleepy, and slumbers between pains, but awakes when the pains return.

A second injection of from 1.5 to 3 decimilligrammes of scopolamine alone is given an hour after the first.

Half an hour later, the perspective capacity of the patient is tested by asking her if she recognizes an object previously shown her half an hour before, or if she remembers how many injections she has had. If she fails to meet these tests, no further injection is necessary.

As a rule, all injections following the first contain scopolamine alone.

Patients may thus be kept semi-conscious for hours. After a successful "dawning sleep," women awake—no post-partum haemorrhage, perfectly happy, and declare they have felt nothing.

Everything depends on the correct dosing of scopolamine, and the only available standard as to the correctness of the dose is the test of the patient's consciousness. Loud noises, strong lights, etc., are a considerable drawback in achieving good results.

The author's conclusions are based on his experience in 1,200 cases. The length of labor is only immaterially increased, and the method is certainly without danger to the mother, and probably without danger to the child. Of the 1,200 women, only two died soon after confinement, and neither of the deaths could be in any way attributed to the scopolamine. It can be used even in cases of organic heart disease.

Under restrictions of time, it will be possible to make only a passing reference to a few of the many other departments of the healing art.

In cutaneous affections, we still employ the much tried remedy ung. hydrarg. ammoniatum, stimulating lotions, sedative lotions, powders active and inactive, but of late years the uses of mag. sulph. in cases of erysipelas has been rewarded with a success almost phenomenal. Compresses wrung from a saturated solution of this salt and applied every two hours or oftener have succeeded in effecting a cure in forty-eight hours. This remedy is especially valuable because it can always be early secured, is perfectly safe in the hands of the inexperienced, and is quite within the reach of the most impecunious.

In obstetrics, there is little to note, with the exception of scopolamine just mentioned. More attention, however, has of recent years been given to the uses of ergot in cases of labor. It has long been known that the earliest action of this drug is to constrict the cervix, thus impeding progress rather than aiding it. A proper recognition of this action has led to an almost universal discontinuance of the drug during labor.

Contra, its use after labor as a safeguard against haemorrhage is sufficiently obvious without further comment.

In the field of gynaecology, just a word in passing regarding the use of aloes and mag. sulph. Here so many of the troubles are inflammatory in character, and a free bowel so necessary that some attention has been given to securing the most efficient drug for this purpose. A close study of the physiological action of the two drugs just mentioned has led to the discontinuance of the use of aloes—so commonly used heretofore—and the highly recommended use of mag. sulph. It has been found that where aloes increased the congestion of the female organs of generation, mag. sulph. had the opposite effect—relieving the congestion, and thereby the pressure on the terminal nerves and the pain resulting from such pressure. The advantage of its use is evident.

In conclusion, it must be noted that many of our old drugs have taken on new properties—a natural result in the ever diligent search after new and possibly better methods in the treatment of disease.

Reference has already been made to the use of mag. sulph. in cutaneous diseases, especially erysipelas. Its use in case of burns and inflammatory dermatoses is equally worthy of mention. More recently, it has been discovered that quinine decreases the number of white blood cells. If this is further proven, it is quite clear that this drug will be contra indicated in all suppurative or inflammatory affections, especially in septicaemia. Other examples might be given, but sufficient for the present to illustrate the changes in effect of old and much used remedies.



From this necessarily brief and imperfect survey of advances and changes in therapeutic methods, we can note the incessant activity of modern research. Should we presume to forecast the future, are we not safe in saying that medicine, heretofore at best a more or less indefinite science, will soon be considered one of the most exact sciences?

M. JEWISON.

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### THE NURSE AS AN OBSERVER.

(Continued.)

How much should a nurse be taught regarding the observation of symptoms in the first year? is a very necessary question to be decided if one expects to adopt a systematic plan for teaching and training. In the text books a variety of phenomena are mentioned briefly, as worthy of note when they occur. This theory the nurse needs, but she needs also to have that theory applied to human subjects in the wards every day by trained nurses who are "apt to teach," and by physicians especially appointed to teach nurses how to observe symptoms. "What is everybody's business is nobody's business." We may say that all physicians should, as opportunities arise at the bedside, call attention to significant symptoms every day, but we have no assurance that it will be done. We know it is not done.

In some of the leading schools of the United States one physician is appointed to be responsible for clinical teaching of symptoms. The aim is not, and has never been, to teach diagnosis, nor to encourage the nurse to attempt diagnosis, but simply and solely to make her more efficient as a nurse by better training of her observing faculties.

The head nurse who is constantly with her patients has the best opportunities of all to teach symptoms and train the pupil's eye to see and mind to perceive. Whether or not she utilizes those opportunities will depend to a considerable degree on how well she has been trained, or has trained herself along those lines. She cannot satisfactorily teach how to observe and what to look for unless she tries to broaden her ideas and improve her methods each year.

One of the very best of the recent books, in fact a very valuable book for head nurses to own and study with a view to improving in bedside teaching, is, *Essentials of Medicine*, by Dr. Chas. P. Emerson. The criticism the author makes in his preface is one which teachers of nurses all need to take to heart, though it is aimed at medical students for the most part. He says: "Our nurses often know a great deal in a general, indefinite, inaccurate way. They seldom have a clear, sharp mental picture of the elements of a subject." Speaking of medical students he says that "Many lack perspective in their medical studies. They do not learn the A B C of the disease first and then proceed to its more difficult study. During their second year they are taught the pathology of a disease, including a discussion of the nature of the disease as a whole, and its most difficult points. During the next year they hear much of its clinical chemistry and microscopy and more of the theories concerning it. In the fourth year perhaps they see their first patient with that

disease. They read up at once, often in a large system of medicine, all about its symptoms, course, clinical varieties, complications, sequelae, and treatment. And so it is no wonder that if at the end of the fourth year in aquiz the instructor asks a very simple question about that disease they look confused. Ask some difficult and worthless theory and they can talk at length. If he demands a definition of that disease in twenty words, for instance, they looked dazed. Ask for its four most important symptoms and the four they give will often be the disputed, the accidental, or the rare ones. They have not learned to separate the important from the unimportant." The chapter on Signs and Symptoms is worth many hours of study on the part of head nurses, after they think they have mastered the theory of observation of symptoms as set forth in the regular text books of nursing. There the writer makes a distinction between "Signs" and "Symptoms." "Signs," he states, "are the province of the doctor; symptoms are in a peculiar way that of the nurse."

How many pupil nurses are there who could off-hand write a concise, accurate definition of typhoid fever with the four most important early symptoms? How may the method of teaching observation be improved?

To begin with we may wisely spend a little time at the beginning of the teaching regarding each disease in teaching definitions. It is certainly disconcerting to find that after we have spent much time in discussing the subject of diseases and their varieties to ask a class "What is disease?" and go the rounds of the class without getting a clear, definite answer. It is better by far to teach thoroughly regarding a smaller number of common diseases than to rapidly and superficially touch on fifty unusual diseases.

The teaching of symptoms for the first year might wisely include the general points which nurses should observe in connection with all classes of patients—the mental condition, voice, facial expression, eyes, lips, mouth, tongue, skin, structure of body, position in bed, sleep, temperature, pulse, respiration, cough, expectoration, appetite, disorders of digestion, evacuations, urine, nervous symptoms, disorders of consciousness, disorders of sensation or special senses, abnormal discharges of all kind. Since the problem of pain is one which nurses will have much to do with, the different kinds of pain and their significance need more than a passing mention. The importance of certain combinations of symptoms may wisely be dwelt on as, for instance, an abnormal sleepiness and a decrease in the urine. To be able to detect those symptoms early and appreciate their importance has meant the saving of many a life; to fail to see their importance—the loss of many a life.

Several bedside clinics of a general nature may also be arranged for during the first year, to supplement and make clear the teaching. One may well be devoted to temperature and its significance in a variety of diseases—charts being shown and special points worthy of note being mentioned. The significance of temperature in children's diseases may also be noted, as compared with adults. Another clinic on respiration, its rate and character would surely be worth while, and one also on pulse.

How to prepare a patient for a doctor's examination and the best posi-

tions for examining different regions can be made a valuable bedside lesson during the first year. It should not be left to chance teaching.

C. A. AIKENS.

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### ERRATA.

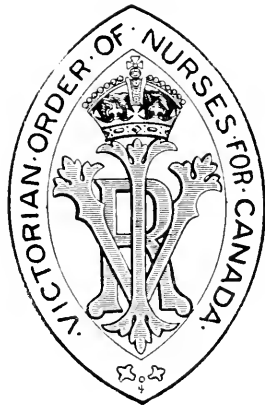
The following corrections should be made in the address of Dr. E. M. von Eberts on "Surgical Tuberculosis" (May number):—

- (1) For "these clinical forms" read "those clinical forms."
  - (2) For "attention generally accorded tuberculosis infections" read "tuberculous infections."
  - (3) "As soon as the . . . exactions or emergencies permit" for "exactions of emergencies."
  - (4) "A municipality of ukases enjoining, etc" for "a multiplicity of ukases."
  - (5) "The levelling of the pailings" instead of "palings."
  - (6) "What these animals required was fresh brouse," which should be written "browse."
  - (7) "A light woollen toque" for "tuque."
  - (8) "The patient can heat only the surface," which read "only one surface."
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### BE THANKFUL.

"If you have the sense to realize that this is inevitable, unavoidable, and the way of the world, and if you have the sense to talk over, in a friendly way, the first delicate situation that arises, the difficulties will disappear and recurrences may be made impossible. A man of whom you may have heard as the incarnation of unprofessional conduct, and who has been held up as an example of all that is pernicious, may be, in reality, a very good fellow, the victim of petty jealousies, the mark of the arrows of a rival faction, and you may, on acquaintance, find that he loves his wife and is devoted to his children, and that there are people who respect and esteem him. After all, the attitude of mind is the all-important factor in the promotion of concord. When a man is praised, or when a young man has done a good bit of work in your special branch, be thankful—it is for the common good. Envy, that pain of the soul, as Plato calls it, should never for a moment afflict a man of generous instincts and who has a sane outlook in life."

WILLIAM OSLER.



The Executive Council of the Victorian Order of Nurses have decided to have monthly bulletins sent out to the local branches. These will contain synopsis of the proceedings of each monthly meeting, which are of general interest, and will act as an additional unifying factor, enabling each Local Association "so far to feel the pulse of the whole machine," as the honorary secretaries so well expressed in their last Annual Report.

Elsewhere in this issue will be found an account of the opening of the V. O. Hospital at Almonte. It stands to the north-east of the town, and is built of stone with cement facings. It is a three-storey, gable roof building, and accommodates 12 patients, containing in all 16 rooms, including the dispensing room and the operating room, which is equipped with an operating table, second to none in the Ottawa Valley. It has two public and three private wards, all having the most modern furnishings, which have been provided by private donations, and partly also by the Alexandra Club of Almonte, a club of girls and young women. One of the features of the equipment is the excellent water supply, the water being pumped from a spring-fed boiler by electricity to all parts of the building. This furnishes ample fire protection also.

Miss Macdonald, of the Victorian Order, the pioneer nurse of Lady Grey's Country District Nursing Scheme, left some weeks ago for the field of her labors in Alberta.

At Lady Hermione Blackwood's request, a doll, dressed in the complete uniform of the Victorian Order—indoor and outdoor—is being sent for the District Nursing Exhibit at the International Congress of Nurses, in London in July.

A post-graduate course in district nursing—four months—is given at one of the three training centres of the Order, at Ottawa, Montreal, or Toronto. For full information, apply to the Chief Superintendent, 578 Somerset Street, Ottawa, to the Montreal District Superintendent, 76 Mackay Street, Montreal, or to the Toronto District Superintendent, 206 Spadina Avenue, Toronto.

Many positions requiring nurses with superior qualifications and marked executive ability are filled from the ranks of the Victorian Order nurses every year.

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## The Guild of

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## Saint Barnabas

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### CANADIAN DISTRICT

**MONTREAL**—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 6.15 p.m. Last Tuesday Holy Communion at R.V.H., 6.15 p.m.

*District Chaplain*—Rev. Arthur French, 158 Mance Street.

*District Superior*—Miss Stikeman, 216 Drummond Street.

**OTTAWA**—The Cathedral, First Monday.

*Chaplain*—Rev. Canon Kitson, the Rectory.

*Local Superior*—Miss L. C. Wicksteed, 494 Albert Street.

**TORONTO**—St. James' Cathedral Rectory, last Friday, 8 p.m.

*Chaplain*—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.

*Local Superior*—Mrs. Welch.

*Secretary*—Miss Maud Roger, 5 Howland Ave.

The May meeting of the Toronto Branch was held on May 25th at St. James' Rectory. A large number were present, and two associates were admitted as members. After the service a discussion took place, as to where the annual meeting should be held. The Lakeside Hospital was finally decided on. Then a copy of the new District Constitution sent by Miss Stikeman was read, but discussion on it postponed until annual meeting. The Superior gave notice of the resignation of the Secretary, and the appointment of Mrs. Barrow as new Secretary-Treasurer. The annual meeting was held at Lakeside Hospital, as has been stated, by the kind invitation of Miss Brent. The members went over on the 4 o'clock boat, and after going over the hospital, a social half-hour was spent followed by a delightful tea on the large verandah. At 7 p.m. service was held, and an address, "Being Members One of Another," was given by the Chaplain. After the service Miss Brent (in the absence of Mrs. Broughall) presented to Canon and Mrs. Welch a brass branch candlestick and a brass ink stand as tokens of the love and esteem in which they are held by the branch, and in gratitude for their untiring zeal in helping each nurse to realize her responsibility. May God bless them in their new life, is the prayer of every member! Canon Welch suggested the Rev. F. G. Plummer as Chaplain, and Mrs. Broughall as Superior (pro tem) which names were heartily approved. The meeting then adjourned, being voted by all a very enjoyable one. We are glad to welcome back an old member, Miss Cummings, who has been training in Hartford Hospital for the last three years. Three visitors were present, Miss Webb from England, Mrs. Downey (Central Registry) and Miss Alexander.

## My Scallop-Shell of Quiet

GIVE me my scallop-shell of quiet,  
My staff of faith to walk upon,  
My scrip of joy, immortal diet,  
My bottle of salvation,  
My gown of glory, hope's true gage;  
And thus I'll take my pilgrimage.

Blood must be my body's balmer;  
No other balm will there be given:  
Whilst my soul like quiet palmer  
Travelleth toward the land of Heaven:  
My soul will be a-dry before,  
But, after, it will thirst no more.

—*Sir Walter Raleigh*

## A Standard of Judgment

Would you judge of the lawfulness or unlawfulness of pleasure, of the innocence or malignity of action? Take this rule: Whatever weakens your reason, impairs the tenderness of your conscience, obscures your sense of God, or takes off the relish of spiritual things—in short, whatever increases the strength and authority of your body over your mind, that thing is sin to you, however innocent it may be in itself.

—Susanna Wesley.

## All I Could Ask of the Nurse

The better the woman, the better the nurse. No, I do not mean to discourage. I want you to feel how noble is the life before you, and I foresee for you that which has been to me a source of happiness—the satisfaction of work well done, of success where hope seemed dead, the pleasure of watching the return of health, of seeing the rose replace the lily. You will often be repaid by gratitude, and if not, then repay yourself with thankfulness for opportunities of helpfulness. While criticising the possibilities of your lives, I was ever recalling to mind the nurses, my friends, without whom I should often have failed. I think, too, with the deepest gratitude, of the nurses who in my own days of disaster amid grave peril of contagion, gave all I could ask of the nurse, courage, ideal competence and self-devotion beyond praise.

—S. Weir Mitchell.

# The Canadian Nurse

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VOL. V.

TORONTO, JULY, 1909

NO. 7

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## Editorial

### THE INTERNATIONAL CONGRESS OF NURSES.

As our readers are all fully aware and greatly interested to know, the Second Quinquennial Meeting of the International Council of Nurses will take place on July 19th, and will be followed by the International Congress of Nurses on the four following days, July 20-23. The full preliminary programme appears as our initial article in this number, and we hope to devote all or almost all our space in August and September to papers presented there. This is the most important and far-reaching gathering of nurses ever held, and we are publishing this number early in order that any nurses who may have been obliged to leave their plans to the last moment may still set sail for England, if it is at all possible for them to do so.

Canada, by the great courtesy of the officers and executive, will have no small share in the acts of the Congress, and in particular has been, through its official representatives, accorded a signal honor. Miss Snively, Lady Superintendent, Toronto General Hospital, has received the following letter from London, England:

"The King has graciously acceded to the request of the Canadian National Association of Trained Nurses, and given you permission to place a wreath on Queen Victoria's tomb at Frogmore, Mausoleum."

This ceremony will be performed on July 24th by Miss Snively, President, Canadian National Association of Trained Nurses.

The formal ceremony of affiliation of the Canadian National Nurses' Association with the International Council will also take place and will be full of interest.

Among Canadians at the Congress, we have been informed, the following will attend: Miss Mary A. Snively, President Canadian National Association of Trained Nurses; Miss Louise C. Brent, Superintendent Hospital for Sick Children, Toronto; Miss Alice J. Scott, Superintendent of Nurses, Grace Hospital, Toronto; Miss E. Baikie, President Canadian Nurses' Association of Montreal, 25 Lorne Ave., Montreal, Que., and Miss Nora Tedford, Head Nurse, Montreal General Hospital, Montreal, Que.; Miss A. Colquhoun, Miss M. Colquhoun, Miss Hill, Miss Des Brisay, Miss Fisk, Miss M. Welch and Miss McGregor, all members of the C. N. A.

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### THE CANADIAN NURSE AND THE WEST.

At the last meeting of the Editorial Board, all eyes were turned to the West. So many cordial invitations have been received by the Editor and

members of the Board to visit the West and the interests of the nursing profession, as of every other Canadian institution, are so great and growing in that part of our country that it was the unanimous feeling of all those present at the meeting that these kind invitations should be accepted, and that the Editor, and, if possible, Miss Lennox, who was the first to propose the founding of the Canadian Nurse, should visit the West. Arrangements have not yet been completed, but it is hoped that we may shortly be able to announce definite plans which will give an early opportunity of meeting many of our valued friends and fellow workers in the West.

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### A MISTAKE.

We greatly regret that a mistake occurred in our June issue. One of the articles which appeared there had been published in 1908 by "The American Journal of Nursing." It was sent to us in manuscript, as if it were an original article, and signed by a name which appeared as "Matron" on the printed heading of the paper on which it was typewritten. Not dreaming that it had been published before, we accepted it for publication, and while we regret the mistake and tender this explanation and a respectful apology to our esteemed contemporary, we do not and cannot regret that it was because of our trust and confidence in the members of the profession that we made the mistake. We are now sadder, and wiser, but we hope we shall not be more suspicious.

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## Editorial Notes

### Great Britain.

**The Jubilee Congress of District Nursing.**—This Congress has been a signal success, and we can only regret that our space will not permit us to make an extended reference to it. Much attention was given to the work of the school nurse, to the registration question, and sick-room helpers.

### The United States of America.

**Conference of School Nurses.**—The Nurses' Journal of the Pacific Coast announces that a conference of the school nurses of the Pacific Coast has been called for July 6th and 7th, in Seattle, Wash. It is hoped that all the school nurses of the Coast will avail themselves of the exposition rates, by water or rail, and be present. Miss Lina Rogers, first school nurse in New York City, has been invited, and it is hoped that not only will many helpful ideas and plans for the future be evolved, making the work of the school nurse of this Coast more uniform and of greater power in the work of medical inspection of schools, but that a permanent association of school nurses may be formed which will be a constant incentive to advancement.

Seattle will have a model school at the Alaska-Yukon-Pacific Exposition, and one of the school nurses will give a class-room demonstration once a week.



All school nurses are cordially invited to attend this conference. Those intending to do so should address Mrs. Edith M. Hickey, school nurse, care Superintendent of Schools, Seattle, Wash.

#### Scotland.

**A Heroic Nurse.**—The Mayor and Town Council of Alesaxon have opened a benefit fund for Nurse Wharton, who, at great cost to herself, saved the life of the child she was nursing when the Jersey Beach Hotel fire occurred in December, 1908.

#### England.

**Queen's Hospital Examinations.**—Miss Bushley, the Lady Superintendent at this well-known hospital, has appointed Miss Burleigh, of the Edinburgh Children's Hospital as an outside examiner for the nurses in the final year. This is a new and good idea. Twenty-nine nurses were examined and only one failed. The examination was on practical nursing.

#### Ireland.

**Lady Dudley's Nurses.**—*The Nursing Times* remarks that there is no nobler work done in Great Britain than that done by Lady Dudley's nurses. There are now eighteen nurses and they did much good work last year.

#### India.

**Lady Minto's Indian Nursing Association.**—This excellent association has now entered on its third year and is steadily advancing. The organization consists of a central committee in Calcutta, whose president is the wife of the Viceroy, and whose secretary is the Viceroy's surgeon, and nine provincial branches. The central committee selects, pays, distributes, and discharges nurses, and the provincial committees control the employment and upkeep of the nurses and collects subscriptions and fees. Subscribers pay according to salary, and are entitled to a first claim on the services of the nurses and at lower rates than non-subscribers. Firms and regiments are permitted to join the association on special terms. Three lady superintendents and forty-four nurses constitute the staff, and 338 cases were attended during the year, of which 103 were cases of enteric fever.

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### UNNECESSARY EXERTION.

A lady doctor, writing to the *London Daily Chronicle* on "Women Workers," makes the following unanswerable statement: "If you come to estimate a day's work—even in foot pounds—the woman who cleans, bakes, washes and takes to school six children, carries water and tramps upstairs and down for sixteen hours a day, need not fear comparison as to kinetic energy even with a miner working eight hours." True; but is all this quite necessary? —*Punch*. Could not her children sometimes go to school unaccompanied and unbaked? And why must she keep on carrying tramps up and downstairs all the time? Is it even fair on these poor unemployed?

# Editorial Board

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Miss G. A. Mitchell, Supt. Isolation Hospital, Edmonton.

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Miss McDonald, Supt. Prov. Royal Jubilee Hospital, Victoria.

Miss Ethel Morrison, T.N.C., 1442 Elford St., Victoria, B.C.

Miss Evans, Supt. Kootenay Lake General Hospital, Nelson.

Miss Green, Supt. Gen. Hospital, Golden.

Miss Roycroft, A.A.V.G.H., Vancouver.

## Yukon Territory

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## The United States of America

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## Editor

Dr. Helen MacMurchy, 133 Bloor St. East Toronto.

# Official Department



Queen Alexandra's Imperial Military Nursing Service.  
The Canadian Permanent Army Medical Service (Nursing Branch).  
The Canadian Society of Superintendents of Training Schools for Nurses.

The Canadian National Association of Trained Nurses.  
The Association of Hospital Superintendents of Canada.  
The Canadian Nurses' Association.  
The Manitoba Association of Graduate Nurses.  
The Graduate Nurses' Association of Ontario.  
The Victorian Order of Nurses.  
The Guild of St. Barnabas for Nurses.  
The Brockville Graduate Nurses' Association.  
The Collingwood G. and M. Hospital Alumnae Association.  
— The Calgary Graduate Nurses' Association.  
The Edmonton Graduate Nurses' Association.  
The Ottawa Graduate Nurses' Association.  
The Fergus Royal Alexandra Hospital Alumnae Association.  
The Galt General Hospital Alumnae Association.  
The Guelph General Hospital Alumnae Association.  
The London Victoria Hospital Alumnae Association.  
The Kingston General Hospital Alumnae Association.  
The Montreal General Hospital Alumnae Association.  
The Montreal Royal Victoria Hospital Alumnae Association.  
The Ottawa Lady Stanley Institute Alumnae Association.  
The St. Catharines General and Marine Hospital Alumnae Association.  
The Toronto Central Registry of Nurses.  
The Toronto General Hospital Alumnae Association.  
The Toronto Grace Hospital Alumnae Association.  
The Toronto Graduate Nurses' Club.  
The Toronto Hospital for Sick Children Alumnae Association.  
The Toronto Riverdale Isolation Hospital Alumnae Association.  
The Toronto St. Michael's Hospital Alumnae Association.  
The Toronto Western Hospital Alumnae Association.  
The Winnipeg General Hospital Alumnae Association.  
The Vancouver Graduate Nurses' Association.

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Central Registry—Miss Kate Snodgrass, 644 Spadina Ave.; H. Fralick, 728 Spadina Ave.

Canadian Nurse Representative—Miss Lennox, 107 Bedford Road.

### THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

For the year ending October 15th, 1908.

Officers for 1908-09: Miss Barnard, President; Miss A. Clarke, 1st Vice-President; Miss L. Adams, 2nd Vice-President; Miss A. Robertson, Recording Secretary; Miss B. Goodhall, Corresponding Secretary; Miss M. Wilson Treasurer; Miss M. Gray, 505 Sherbourne St., Secretary for "Invalid Cookery"; Misses M. Haley, E. Jamieson and M. Ellrington, Directors; Miss J. Hamilton, 608 Church St., Convener of General Business Committee; Miss Sales, Miss McQuaig and Miss J. Gray.

### THE ALUMNAE ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

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Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the board room of the hospital.

### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE

The following ladies have received appointments as Staff Nurses: Miss K. M. Burgess, Miss W. Halloran.

**THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.****Officers 1909-10.**

President—Mrs. Currie.

First Vice-President—Miss E. Deyman, Hamilton.

Second Vice-President—Miss H. Hollingworth, St. Catharines.

Treasurer—Miss Mary Gray.

Recording Secretary—Miss Julia Stewart.

Corresponding Secretary—Miss Edith Hargrave.

Board of Directors—Miss Brent, Miss Matheson, Miss Potts, Miss Muldrew, Miss Barnard, Miss Neilson, Miss McNeill, Miss Jameson, Miss Wardell.

**Questions of Interest.**

Those of us who were able to attend the annual meeting of the Ontario Nurses' Association were fortunate indeed. Such an assembling together for the hearing and discussing of nursing problems could not be other than interesting and helpful, especially so were the papers on "Problems of the Private Duty Nurse," and "New Treatments of Various Diseases," while the talk and discussion on "Registration" could not fail to interest all who are desirous of promoting our best interests.

That nursing as a profession has need of registration is an undisputed fact and that one attempt to secure it in Ontario met with failure does not lessen the need, neither was it proof to those interested in the bill brought before our Legislature in 1906 that they were unreasonable in not passing the then proposed bill. It is not my purpose to criticize unjustly members of the nursing profession or superintendents of training schools—far be that from my intention; all honor, I say, to pioneer nurses and instructors of nurses; they have labored faithfully and done much for our profession, often against heavy odds, as was the case with those who endeavored to achieve registration three years ago. Without any reflections, however, the question can be reasonably asked: Are we ready for registration—in other words, have we a standard of education for nursing schools in Canada or Ontario that our Government can justly uphold? If so, then we are ready.

It is thought that much will be accomplished in aid of registration by educating members of the hospital boards, members of Legislature and others who will be interested if approached in presenting another bill to Parliament. Undoubtedly that will be the case, but would it be well to ask ourselves if we are as well educated on this question as we require to be, before presenting or even proposing a bill that would become a law if upheld by our Government.

There are many questions which the mind, educated or uneducated, must consider if we are to deal with this matter impartially. We hear much about the benefit following registration in some of our neighboring States, much of which is unquestionably true, but some of which is open to question, consequently it may be wise to consider which is the better way to proceed, secure a standard curriculum and ask the Government to recognize it, or must registration come first and a provincial standard follow later? At present

we have a number of institutions in Ontario supported at least in part by our Government; which are training nurses. These nurses have entered the training school for the purpose of becoming trained nurses and are giving their services in return for their education as a nurse. It cannot be disputed that the noble work they are doing is for the citizens, or shall we say Government of Ontario, for are they not caring for helplessly poor and unfortunate sick? At the end of their course, two or three years as the case may be, they graduate and seek a livelihood by continuing in their chosen profession. Alas! that so many find they are handicapped by inadequate training or lack of station, and the question arises, where to supplement the training already received. Many are now endeavoring, individually and as training schools, to supply their lack by a post graduate course or senior year work in the American hospitals. Surely no citizen in Canada, much less members of hospital boards or legislators require to be educated, once they understand this situation, to detect the rank injustice of upholding a law that would necessitate a nurse going to the United States to secure supplementary training in order that she might register as a nurse in Ontario.

Had the proposed bill for registration of nurses become law in 1906, that is the situation some of our nurses would have found themselves placed in. Need we wonder such a bill met with failure? And to whom will we rightfully attribute the cause of failure? These latter questions belong to the past, and now we are face to face with the future and the future advancement of our profession. Three years have rolled by since some one quoted "The best laid plans of mice and men, **and nurses**, gang aft a-gley." During the period of waiting before again laying plans, what has been done individually or as a nursing body to better our condition, so that when our legislators are again asked to consider registration we will not expect more than can in justice be granted by them, no matter how we proceed? Alas! for the profession, little is recorded by way of altering our position: if the American hospital closed her doors on Canadian pupil nurses and graduates seeking supplementary and post graduate courses as she is doing to some extent on the private duty and paid institutional nurse, where would our nurses go? Perhaps it would be fortunate for Canadians if such were to happen, for then this matter would naturally be forced home more strongly. To some minds at least this problem of whether our nurses must supplement an insufficient training under the Union Jack or under the Stars and Stripes is no trifling matter, and it would become much more serious if our Government recognized and endorsed a bill such as the one formerly proposed. There are few if any graduate nurses who would do aught to condemn or hinder registration, for every nurse must at some time be forced to see our need. There were nurses, however, who condemned our previous bill, but was it not a just condemnation?

In the May issue of "The Canadian Nurse" appeared an article on "The inadvisability of training a nurse for one year in a small hospital, with the idea of having her complete her course in a large one." It is a pleasure to know we have in the profession such women as the writer. We cannot all train in large institutions, even if we would, neither is it possible for large

institutions to care for all branches of illness or do all the nursing which is at present in the hands of the pupil nurse, rightly or wrongly so is not for discussion here; suffice it to say with the writer of the before mentioned article, that this question of affiliation of training schools is a necessary but serious matter, as is also that of post graduate work, which the same writer sums up as "Not very satisfactory." We are glad some one has had courage to make that statement in public. There may be post graduate schools in America that were organized for the higher education of the graduate nurse, but there are undoubtedly some in existence, whose aim in advertising post graduate courses was to supply a shortage in their regular nursing staff, thereby getting their regular ward work accomplished in a more proficient manner than by junior pupil nurses; they make the further education of the graduate of very secondary consideration, if they consider it at all. However, our aim is not to thwart or oppose any steps that have been taken or may be attained for mutual advancement. "Forward" be every nurse's watchword, and if registration is our first step, may success come soon. Methinks, nevertheless, some good advice was given by one speaker at the annual of the O. N. A. "Do not hurry, be ready."

A few more questions worthy of every nurse's consideration and my story is ended. Will it be advisable for nurses in Canada to secure provincial registration or would united effort and expenditure for the Dominion be a better plan?

These are important questions; can we afford to deal lightly with them, or pass them by, allowing the few workers all the responsibility? Nay! rather let us have it said of each and all of us, "She has done what she could," even if our "could" be only a thorough understanding of our needs and qualifications.

#### A GRADUATE NURSE.

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There is no joy in life like work and no joy in work without responsibility—Isla Stewart.

Be not disgusted, nor discouraged, nor fret, if you do not always succeed in acting conformably to your good principles. But, though repulsed, renew the charge, and perform with complacency all the duties of humanity; and do not return with reluctance to your philosophy, like a boy to school.—Marcus Aurelius.

"Encouragement is one-third the business of the physician, but if it is to be permanent and not a mental cocktail, we must give the patient good reason for being encouraged, which usually means religion or its equivalent. It is the disregard of these facts that has sent so many patients away from physicians and into the hands of Christian scientists and mental healers."—Richard C. Cabot M.D., of Boston.

# Hospitals and Nurses

Miss A. L. Bufton, of Edmonton, has gone to Reston, Manitoba.

Miss O'Connor (V. G. H.) is expecting to take a trip east for the summer.

Miss Mary Wilson (V. G. H.) has gone east for a three months' holiday. She will visit Winnipeg, Toronto and New York.

The Alumnae Association of the Vancouver General Hospital Training School for Nurses, will discontinue their monthly meetings through the summer months.

Miss E. Orme and Miss Atherton, both graduates of Queensland Hospitals, Australia, have arrived in Vancouver, by the R.M.S. Makura, June 2nd. They both intend to take up nursing in the west.

Miss Colquhoun had a very enjoyable five o'clock tea for the nurses who are leaving for London on the 3rd of July.

Miss Baikie, President of the C.N.A. and Miss Phillips, Secretary, were present at the luncheon given to Lady Aberdeen at the Place Viger Hotel.

Miss Fralick (T. G. H.), with her father and sister, is on her way to the Pacific Coast via the C.P.R. and the Rocky Mountains. It is expected that several of our eastern nurses will enjoy the delights of a glimpse of Western Canada this year.

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Probably one of the prettiest and most successful graduating exercises in the annals of Victoria Hospital was held on Wednesday afternoon, May 19th, in the presence of about 300 friends of the graduates in the Hospital Building. Ward X. was most tastefully decorated for the occasion, with palms and bunting of old gold and purple, the Institution colors. The platform was banked with palms and flowers, presenting a particularly pleasing appearance.

Mayor Stevely presided, and the exercises were opened with a prayer by Rev. S. W. Howard, of Christ Church. This was followed by an orchestral selection, after which Mr. Howard delivered an inspiring address to the graduates, impressing on them the greatness of their vocation and the unlimited opportunities that lay within their grasp for doing good. Miss Edna Mortimer then rendered a solo, after which Chairman Screaton, of the Hospital Trust administered the Florence Nightingale pledge to the nurses. Diplomas and badges were then presented to the graduating nurses who are: Lilla G. Phillips, Margaret C. Rennie, Cosae M. Haskin, Edith C. Partridge, Jean Gilmour, Clara L. Barter, Susie S. Sutherland, Effie C. MacIntyre, Eleanor M. Seely, Grace T. Wilson, Ida Loveless, Mabel E. Butt, Beatrice E. Large, Lena T. Birchard, Margaret M. Macauley, Margaret J. Reynolds, Margaret Johnson. Each of the graduating nurses was the recipient of beautiful flowers from friends.



After a harp solo Dr. W. H. Moorehouse delivered a masterly address to the class. Mr. Cyril Dwight Edwards then rendered a solo.

Dr. J. S. Niven presented the special prize medals. Miss Lilla Gertrude Phillips was the winner of the Hospital Gold Medal, Miss Margaret C. Rennie was awarded the Silver Medal, while Miss Clara L. Barter received the Special Bronze Medal presented by Trustee Judd. Mayor Stevely, with a short, appropriate address, brought the proceedings to a close.

In the evening the nurses acted in the capacity of charming hostesses to a large number of their friends in the Nurses' Home. In addition to the regular programme of dancing and cards, a musical programme was added. The "At-Home" was unanimously declared a signal success and broke up shortly before mid-night. This closed a red-letter day in the graduate's life.

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The Graduating Exercises of the Training School of St. Luke's General Hospital, Ottawa, were held on Thursday, May the 27th, 1909 at 4 o'clock p.m., and were exceedingly pleasant and enjoyable. The programme was as follows:

Opening Address—The Chairman.

Report of the Training School—Dr. W. Carden Cousens (acting Chairman of the Medical Board).

The Nightingale Pledge to be taken by the Graduates.

Presentation of Diplomas and Medals—Mrs. W. G. Perley (President of the Ladies' Auxiliary).

Valedictory.

Presentation of Special Prize from the Lecturing Staff.

Presentation of Medal from Lady Superintendent.

Address by Professor Adam Shortt.

The list of Graduates is: Mary Kathleen Moore, Bowesville, Ont.; Lena Maude Smirle, North Winchester, Ont.; Mildred E. Edey, Wyman, Que.; Mary Edith Surtees, Bouchette, Que.; Rebecca Watson, Smith's Falls, Ont.; Maude Victoria Spence, Glenarm, Ont.; Margaret Theodora Albright, Vank-leek Hill, Ont.; Beatrice Lukes Ramsey, Newmarket, Ont.; Isabella Louise Slack, Arnprior, Ont.

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The graduating exercises of the General Protestant Hospital, Ottawa, were held in the Lecture Hall of the Lady Stanley Institute on Friday, May 28th, at 4 p.m., when nineteen nurses received their diplomas.

Mr. J. W. Woods, President of the Hospital Board, was in the chair, and the diplomas and pins were presented to the graduating class by Mrs. Woods.

Addresses were given by the Rev. Dr. Herridge, Rev. Dr. Cameron, Sir Frederick Borden and Dr. I. G. Smith, Chairman of the Medical Board.

Miss Helen Stuart, who took the highest marks in nursing, was presented by the Chairman of the House Committee with a special prize in the form of a nurse's chatelaine.

Owing to the inclemency of the weather, tea, which, on former occasions had been served on the spacious lawn of the Institute, was served in the Nurses' Reception Room by the members of the Ladies' Auxiliary.

The following nurses received diplomas: Miss Pearl Walker, Brighton, Ont.; Miss Jean Wilson, Shawville; Miss Caroline Calton, Lachute; Miss Alice Cronkhite, Courtwright; Miss Lillian Merkley, Brockville; Miss Isabel McLean, Sand Point; Miss Olivia Caldwell, Mandtick; Miss Susan Rorke, Clarksboro; Miss Pearl Hamilton, Carleton Place; Miss Margaret Edwards, McLeod, Alta; Miss Maude Murray, Campbellton, N.B.; Miss Belle Edwards, Drayton, N.D.; Miss Lina Richards, Carleton Place; Miss Agnes Parkinson, Kemptville; Miss Christina Dewar, Dominionville; Miss Christina Duke, Burk's Falls; Miss Helen Stuart, Osgoode; Miss Ida Noice, Minden; Miss Emily Reynolds, Ottawa.

Miss Meiklejohn, Lady Superintendent of the General Protestant Hospital, Ottawa, has resigned on account of ill-health and is resting and recuperating at her home in Quebec.

Miss Alice Pepper, Head Nurse in the Theatre of the General Protestant Hospital, Ottawa, is leaving June 15th to take charge of the Hospital at Frank, Alta., and is succeeded by Miss Hamilton.

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The Toronto General Hospital Alumnae Association held its last meeting for the year on June 2nd. A number of the graduating class were present as well as Mrs. Downey, the new Registrar, Miss Eastwood, of the V. O. N. and Miss Scott, of Grace Hospital. Miss Ellwood, of the Evangelia Settlement, gave an account of Settlement work, especially as it is conducted in Toronto, and Miss Hamilton told of the work and plans of the Heather Club, which, although only three months old, has already done much good. It was decided by the members present, that during the coming year, some form of social work must be taken up by the Alumnae. After the programme refreshments were served and all present voted it a most enjoyable afternoon and hoped to have many like it during the coming years.

The results of the Prize Essay Competition were announced. The Prize Essay appears elsewhere in this number, and we hope also to publish the Essay which was adjudged second, written by Miss McQuhae.

This is the third year the prize has been given, the object being to interest the young graduates in the Alumnae. It has decided that the prize of \$25 for an essay shall be discontinued and instead to make each nurse a member of the association as she graduates, without asking the initiation fee, thus benefiting each of the graduating class.

Miss Ellen M. Homer, (graduate St. Michael's Hospital), after two years in the Lakeside Hospital, Cleveland, is leaving to take charge of the operating room in the Toledo Hospital, Toledo, Ohio.

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The graduation exercises at Toronto General Hospital on June 10th, 1909, were particularly pleasant and happy. Addresses were delivered by

His Honor the Lieutenant-Governor, who presented the diplomas, and also by Dr. J. F. W. Ross, Dr. K. C. McIlwraith and the Superintendent, Dr. J. N. E. Brown. After the exercises a garden party was held in the beautiful grounds, which was very largely attended. Fortunately the weather, though dubious all day, ultimately proved favorable and the enjoyment of the event was great.

In her annual report, Miss Snively, the Superintendent of the Training School, gave an interesting history of the year and added:

"If we include the class of twenty-four who to-day receive the well-merited reward of their three years' course of study, and labor, in the hospital, the number of nurses who from to-day will hold the certificate of qualification granted by the trustees of this hospital, is five hundred and twenty-two.

"During the year, eleven of this number have been married, and the following have received appointments: In our own hospitals are—Martha Kilgour, assistant; Minnie Samson, Burnside; Jean Leishman, operating room; Margaret Thompson, neurasthenic wards; Elizabeth Purdy, private wards; Lottie Phair, General Hospital, Calgary, Alta.; Alice J. Scott, superintendent of Grace Hospital, Toronto; Grace Hodgson, superintendent Episcopal Hospital, Washington, D.C.; Helen Jones, head nurse, Good Samaritan Hospital, Dawson, Yukon; Merab Allen, night supervisor, Lakeside Hospital, Cleveland, Ohio; Lucy Hurlburt, Gravenhurst Sanitarium, Gravenhurst, Muskoka; Alice Johnston, Cottage Hospital, Pembroke, Bermuda; Mary Smeeton, assistant, Presbyterian Hospital, Allegheny, Pa.; Mary Springer, operating room, Presbyterian Hospital, Allegheny, Pa.; Rose Hollies, night supervisor, Presbyterian Hospital, Allegheny, Pa.; Jessie MacLennan, superintendent, Grand Ronde Hospital, Le Grande, Oregon; Alice McLeod, office nurse, H. A. Bruce, M.D.; Mary McGibbon, assistant, D. C. J. Miller, New Orleans, La.. As missionaries—Maudie L. McNish (now Mrs. George McPhedran), Dhar, India; Lottie Lawson, Kiating, China; Mary Switzer, Chentu, China; Mary A. Totten Smith, Chentu, China; Alice V. Sinclair, superintendent Training School for Nurses, Native Christian Women, Ludhiana, Punjab, India. The resignations have been—M. C. McQueen, assistant; E. Thorpe, operating room; A. Baldwin, private wards.

In addition to these, appointments, applications have been received from hospitals in California, Illinois, Massachusetts, North Carolina, Minnesota, New Jersey, New York, Virginia, Michigan, Maine, Calgary and Medicine Hat.

"Those who have shown their practical interest in the education of our nurses by providing prizes and scholarships for competition, will be pleased to learn that while all the classes have done creditable work, three-fourths of the entire class in the junior year succeeded in obtaining a total of seventy per cent. and over, in four examinations."

The graduating class consisted of:—Misses Mary E. Blaikie, Port Dover; Georgina Blaikie, Port Dover; Sara Brick, Toronto; Grace M. Brown, Toronto; E. Nora Campbell, Port Elgin; Pearl Chambers, Toronto; Ruth

E. Dawn, Heathcote; Bertha M. Gibbons, Leamington; May Johnston, Cavan, Ireland; Agnes M. Kennedy, Bobcaygeon; Flora Liggett, Lindsay; Mary McCuaig, Barrie; Addie McQuhale, Toronto; Flora C. MacIver, Toronto; Christina McLachlan, Arnprior; Margaret Nelson, Toronto; Kate Rowe, Little Current; Mary A. Totten Smith, Barrie; Daisy Stevenson, Toronto; Nellie Thomson, East Toronto; T. H. M. Watson, Bolton, and Ada E. Weldon of Oakwood.

The prize list is as follows:—Scholarships—Senior year—The C. C. Scholarship (\$50), general proficiency, E. Nora Campbell; the J. D. Patterson Scholarship (\$50), surgical technique and aseptic surgery, Bertha M. Gibbons; the Alumnae Association Scholarship (\$25), practical essay on "The Effect of the Training School on the Individual," E. Nora Campbell.

Prizes—Senior year—The O'Reilly prize, Sara Brick; the Walter S. Lee prize, Nellie Thomson; the R. L. Patterson prize, Flora C. MacIver; the J. N. E. Brown special prize—practical nursing, Kate Rowe; special prize & operating room technique—, Mary A. Totten Smith; the Mrs. R. B. Hamilton special prize—for neatness and order in bedroom, Nellie Thomson.

Scholarships—Intermediate year—The Mrs. W. C. Scholarship (\$50), for general proficiency, Marion E. Miles; the John H. C. Durham Scholarship (\$25), for deportment and ethics, Charlotte MacKenzie; the Arthur McCallum Memorial Scholarship (\$50), in the junior year, for general proficiency, Minnie Agnes Best.

The fifth annual meeting of the Michigan State Nurses' Association was held in Saginaw, May 25, 26 and 27. It will be a meeting long remembered by those in attendance. The bill for State Registration of Nurses had but recently passed the legislature, and while in session a telegram received from Governor Warner stated that he would support the bill.

An interesting programme had been prepared and was closely followed.

Mrs. W. H. Holden, of Detroit, conducted a drill in parliamentary law each morning, which was most instructive.

Interesting papers on "School Nursing" were read by Miss J. Bessie Goodrich, of Grand Rapids; Miss Martha Aylesworth, of Detroit; and Miss Bessie C. Abbott, of Chicago.

Miss Larinia L. Dock, of New York City, gave a very interesting address on "What Organization Has Done for Nurses," and Dr. F. W. Shumway, Secretary of the State Board of Health, addressed the meeting on "The Professional Nurse and Her Relations to the Public Health Service."

The election of officers resulted as follows:

President—Mrs. G. O. Switzer, Ludington.

First Vice-President—Miss E. L. Parker, Lansing.

Second Vice-President—Miss Margaret Moore, Jackson.

Recording Secretary—Miss Irene VanPelt, Kalamazoo.

Corresponding Secretary—Mrs. R. C. Apter, Grand Rapids.

Chairman of Committees:

Ways and Means—Miss Fantine Pemberton, Ann Arbor.

Credentials—Miss Jessie Lenox, Lansing.

Nominating—Mrs. M. Q. Foy, Battle Creek.

Arrangements—Mrs. R. G. Wheeler, Port Huron.

Printing—Miss E. A. McLaughlin, Detroit.

Councillors—Miss Linda Richards, Kalamazoo; Miss Isabel McIsaac, Benton Harbor.

Miss Agnes Deans was appointed delegate to the meeting of the Nurses' Associated Alumnae at St. Paul, and Miss A. M. Coleman, of Saginaw, was appointed a delegate to the International Congress of Nurses to be held in London, England, in July.

The visiting members were royally entertained, Miss Coleman and her associates, the Saginaw County Medical Association, the Saginaw County Graduate Nurses' Association and the Board of Trade were untiring in their efforts to give every one a cordial welcome.

The next annual meeting will be held in Port Huron.

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### A NEW VICTORIAN ORDER HOSPITAL.

The opening of the Rosamond Memorial Hospital by His Excellency the Governor-General and Lady Grey, at Almonte, on May 17th, was one of the most important events in the history of the town. The building cost \$10,000 and is beautifully situated just outside the town. The hospital is conducted by the Victorian Order of Nurses.

The party from Government House was accompanied by Mr. John F. Orde, K.C., Honorary Secretary of the Victorian Order of Nurses, and Mrs. Orde; Mr. John Fraser, Auditor-General of Canada, and Honorary Treasurer of the Order and Mrs. Fraser, and Mr. J. M. Courtney, President of the Order. The reception committee consisted of the Mayor, Dr. A. A. Metcalfe, Honorary President; Mr. A. M. Gregg, Honorary Secretary; Reeve Shearn, representing the town council; Mr. W. West, representing the board of education, and Mr. John Slattery, representing the separate school board.

On their arrival here, the party from Ottawa was met by the reception committee, and the Citizen's Band and was driven to the town hall, where a formal reception was held. A turnout of about 1,000 citizens was assembled in the Council Chamber, and patriotic songs were rendered by the school children.

An address telling of the loyalty and patriotism of Almonte's citizens was read by Mayor Metcalfe, and a copy printed on white satin was presented to His Excellency.

In replying, His Excellency expressed his pleasure at being able to be present. He had learned, he said, at the annual meeting of the Victorian Order of Nurses in Ottawa of the noble work done by the Rosamond Memorial Hospital, which Lady Grey had expressed a desire to visit. When an invitation had been extended to him to formally open the hospital, it was with pleasure that he accepted it. The loyalty of Almonte's citizens he could not doubt, in view of the enthusiastic reception, and from east to

west throughout the Dominion there were evidences of a spirit of loyalty to the sovereign. He emphasized the importance of the young people of the community, as factors in the future development, stating that there might be in the audience before him, a boy destined to be a future prime minister of the Country.

The presentation of a handsome bouquet of roses was made to Lady Grey, little Miss Kathleen Rosamond, daughter of Alexander Rosamond, handing the flowers to Her Ladyship.

Their Excellencies were the guests of Mr. Bennet Rosamond at Pinehurst for lunch, after which they drove to the Rosamond Memorial Hospital, which is north of the town, and where they were received by the Board of Directors, and Earl Grey officially declared the hospital open.

Lady Grey unveiled a tablet, bearing the name of the donor, Mr. Bennett Rosamond, receiving a handsome bouquet of carnations from the staff of nurses.

Their Excellencies and other visitors expressed themselves as delighted with the hospital and its equipment, after inspecting all the wards and rooms.

One of the features of the opening ceremony was the presentation by Mr. W. Tholborn, M.P. for North Lanark, of a check for \$5,000 to be the nucleus of an endowment fund in support of the hospital and staff.

The Board of Directors of the institution, which has been in active operation for a year and a half, now are Mr. P. C. McGregor, LL.D., President; Mr. Alexander Rosamond, Secretary-Treasurer, and Messrs. B. Rosamond, donor of the building; Wm. Tholburn, M.P., A. S. Henshaw, Jas. Rosamond, J. W. Rose, John Donaldson, W. H. Stafford, E. W. Smith, Jas. Porritt and Jas. McLeod. The nursing staff consists of: Miss L. Gertrude Shields, head nurse, and Misses E. Corkery, Edith McGregor and J. R. Armstrong.

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#### **Toronto Central Registry of Nurses' Fourth Annual Meeting.**

On Tuesday, June 1st, a very successful "birthday party" was held by the Registry Committee at "The Brown Betty." There was a large gathering of nurses and all seemed to enjoy the evening. The Rev. Mr. Hicks gave an opening prayer afterwards very briefly eulogizing the nurse and comparing this time, when a nurse was so easily obtained for any case with a time twenty-nine years ago, when he was in the midst of an epidemic of diphtheria and no nurses could be obtained. He gave an outline of an address which he would have given had time permitted, and which he very kindly promised to give at some future time. After the address of Miss Crossby, which appears elsewhere, Mrs. Downey said a few words to the nurses, and the rest of the evening was devoted to social intercourse and was much enjoyed.

The most important item on the programme was Miss Barwick's Report, which we print in full, as many of our readers are specially interested in the establishment of Nurses' Registries. Miss Barwick, who was warmly received, read her report as follows:—

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You will no doubt feel surprised at seeing me here this evening in an apparently official capacity, when I am really off duty, but having managed the work for the last eleven months I consented, at the earnest solicitation of the Registrar, and through the courtesy of the Registry Committee, to give you a brief outline of what has been accomplished in that time.

The number of the Registry Members is 288: Toronto General Hospital, 100; St. Michael's, 28; Grace Hospital, 38; Isolation, 14; Western Hospital, 13; Sick Children's Hospital, 21; St. John's Hospital, 4; Orthopaedic Hospital, 3; Nursing Mission, 2; English and Canadian Nurses, 32; American, 31; Dr. Myers' Hospital, 1; Sweden, 1.

The following are the calls for the past year:

	Registry Calls.	Personal.	Total.	Unanswered.
June .....	99	18	117	2
July .....	133	17	130	2
August ... ..	135	23	158	4
September .....	100	22	122	3
October .....	113	20	133	5
November .....	80	25	105	0
December ..	113	31	144	3
January, 1909 .....	107	24	131	1
February .....	90	19	109	2
March .....	173	29	202	1
April .....	146	36	182	4

Disbursements, \$1,028.55 and balance on hand, \$1,048.00.

Audited and found correct.

(Signed) Ford Robertson,

Accountant.

We have to report the most serious illnesses of several of our nurses, and also the loss of one, Miss Twomey, a graduate of the Mater Infirmorum, Dublin; then several have gone from our midst to positions in far distant countries, two to do missionary work in China, and two to Hawaii to take charge of an American Hospital there, while another is in the northern regions of the Yukon; then, as usual, have we been attacked by the matrimonial bacillus, which has left large vacancies in our ranks. We have been able to contribute a small portion of our funds to charity work, and in every instance the circumstances have been of the most straitened and pathetic character. The nurses who have so willingly undertaken these cases have been most emphatic in their expressions of gratitude, that we were in a position to assist when the opportunity presented itself. A most important epoch in the life of the Registry has taken place; namely, the appointment of a new Registrar, Mrs. Downey, a graduate of St. Luke's Hospital, Chicago, and one who has had many years of experience in institutional and private work. She comes to us with the highest ideals for the betterment of our profession, with the keenest enthusiasm and interest, and I personally feel that she will carry on in the most conscientious way

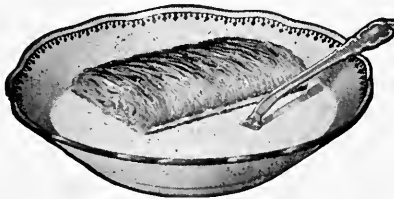


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the work that has grown so steadily in the past four years; but there is one thought that must remain with each and every member of the Registry, and it is that we all have our own share in the burden to carry. If each member is truly loyal to her Registrar, has faith in her, and tries thoughtfully to obey the very few rules of the Association, then her work will be lightened a thousandfold. If little misunderstandings occur, do not discuss with other nurses, but call her up immediately and explain your point of view, remembering she is human, and perhaps a very tired woman, who may have been up half the night attending to duty. Work of this description causes a continual nervous strain, and it is most important that there should be rest and fresh air; that when she is off duty she should feel free to go where she pleases without the chance of being called upon. That is why she has an assistant who is there to relieve, and not augment the work.

I feel it will not be out of place to-night to speak of the severe loss to the nursing profession in the departure to England of Canon and Mrs. Welch. It is due to their personal effort that the membership of the Guild of St. Barnabas has increased so materially these last two years, and they have made us all feel that we can go to them at any time when in trouble, or needing advice, and that both will be most heartily given. They carry with them our love, and warmest wishes for their new work in the Old Land.

As this is my last appearance as a platform lady, I want to express to the heads of the different hospitals, and to the ladies in charge of the Nurses' Homes, my warmest thanks and appreciation for the kind interest and advice in these last four years. In every way have they endeavored to make my path easier, and I feel in saying thank you and good-bye that I but poorly express my feelings. Of my nurses, as I shall always think of them, I want to ask a personal favor, Be as loyal to my successor as you have always been to me, and thank you again and again for your good work. You are the ones who have kept up our standard, and it is to you I now appeal to continue the good work, and to maintain our Central Registry of Toronto on the same plane where it has been from the first—the best of its kind.

And now, on behalf of my sister and myself, I say good-bye and God bless you. We have been happy together, and we shall miss you—miss you far more than you will ever know. But to all and every one of you, remember there is still 644, and always a hearty welcome awaiting you.

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### BIRTHS.

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"Emergencies," by Charlotte V. Gulick. This is vol. II. of the Gulick Hygiene Series, published by Ginn & Co., of Boston, and in practical use, in interest and in adaptability to the lives of children, it is well up to the high average of the volumes of the series already published. We have never seen so good a book on emergencies for use in schools.

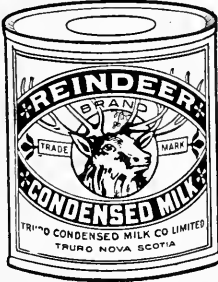
"The Body at Work," by Frances G. Jewett. Boston: Ginn & Co. This is volume IV. of the Gulick Hygiene Series and is intended for the seventh grade. It takes up the body from the point of view of efficiency, and lays the emphasis on how to do things. Muscles come in for a large share of attention. Digestion, circulation and respiration are dealt with. Strength and speed, metabolism, staying power, these are all taken up in an attractive and sensible way. All school nurses will especially appreciate this book.

The July Delineator is a Summer Number with many interesting articles and stories. Fashions, fiction, music, health, housekeeping, and many things beside are written in its pages by able pens. Kipling will write a new story, "Cold Iron," for the September number.

Volume VI. of Osler's Modern Medicine (Toronto: D. T. McAtosh), has just appeared. With the exception of Dr. Osler himself, and Dr. Garrod, of London, all the thirteen physicians who contribute to it are on this side of the sea. Urinary diseases, diseases of the ductless glands, diseases of obscure causation, diseases of the muscles, vasomotor and trophic disorders are all treated in this valuable addition to this System of Medicine, which is a library in itself. There is also a very practical and useful article of 34 pages on the Medical Aspects of Life Insurance, by Dr. C. L. Greene, of St. Paul.

It gives us great pleasure to advise nurses to read "The Standard of Empire" to themselves and their patients. It costs 5 cents. It consists of 20 to 24 pages of reading matter in which will be found :Events of the week in England, Scotland, Ireland and Wales; News of the Religious World; Navy and Army news; An Engineering page; The London Letter; The week's Sport; Summary of the week in Parliament; Reports of the most interesting Trials; Critiques of the latest Plays and Music; Articles by men famous in all parts of the Empire; What is being published about Canada

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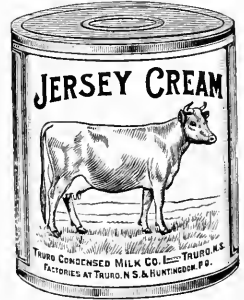


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on the other side; What Canadians are doing and saying in the Old Country; What the London Market is doing and may do in connection with Canadian Investments; The latest cables from Australia, South Africa, the West Indies and every Capital of the Empire; What the miner is doing in Africa, Australia and other mineral producing parts of the Empire; What the farmers, fruit-growers, merchants and manufacturers are doing in Canada and all the other over-seas Dominions. The King and the Prince of Wales have allowed their names to be placed at the head of The Standard of Empire subscription list. Earl Grey, the Governor-General of Canada, when the paper was started in May, 1908, sent the following telegram: "Sincere congratulations on your opening number, and success to your plucky endeavor to meet a widely felt want in all parts of the Empire." It is a handy, readable journal, unlike anything of the kind now available in Canada. It is cheaper than any other paper with which it might be compared. It has no politics, except that it is "All-British." The subscription price is \$2.00 per annum, delivered free. The Canadian address is Stair Building, Toronto. The Canadian Nurse values the Standard of Empire very highly.

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### A HISTORIC LETTER.

Windsor Castle, January, 1856.

"Dear Miss Nightingale,—You are, I know, well aware of the high sense I entertain of the Christian devotion which you have displayed during this great and bloody war, and I need hardly repeat to you how warm my admiration is for your services, which are fully equal to those of my dear and brave soldiers, whose sufferings you have had the privilege of alleviating in so merciful a manner. I am, however, anxious of marking my feelings in a manner which I trust will be agreeable to you, and therefore send you with this letter a brooch, the form and emblem of which commemorate your great and blessed work, and which I hope you will wear as a mark of the high approbation of your Sovereign. It will be a very great satisfaction to me, when you return at last to these shores, to make the acquaintance of one who has set so bright an example to our sex, and with every prayer for the preservation of your valuable health, Believe me always, yours sincerely,

"VICTORIA R."

The presentation of this gift book took place on January 29. The jewel resembled a badge rather than a brooch, bearing a St. George's Cross in red enamel and the royal cypher, surmounted by a crown in diamonds. The inscription "Blessed are the merciful," encircled the badge, which also bore the word "Crimea"

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(Inflammation's  
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## Publisher's Department

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All communications should be addressed to Dr. Gudrun Holm, 61 East 86th Street New York, N.Y.

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### Orthopaedic Institute Graduates.

At the end of the Winter term, 1908-1909, the following students received their diplomas at the Pennsylvania Orthopaedic Institute and School of Mechano—Therapy (Inc.), 1711 Green Street, Philadelphia, Pa., in the Swedish system of Massage, Medical and Corrective Gymnastics, Electro and Hydro-Therapy:

Ada Luenza Welch, graduate South Side Hospital, Pittsburg, Pa., Night Superintendent at South Side Hospital, Pittsburg, Pa.

Lilas R. Bell, San Francisco, California, graduate of Waldeck Hospital, San Francisco, California.

Frances E. Goodwin, Worcester, Mass., graduate of City Hospital, Worcester, Mass.

In Gymnastic and Electro-Therapy:

Anna Frances Curtis, New York City, N.Y., Columbia University, New York; London, England, and Paris, France, Art School.

In Electro and Hydro-Therapy:

Sara Patrick, Philadelphia, Pa.,

In Electro-Therapy:

Olivia Jensen, Copenhagen, Denmark.

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### The After Care of Summer Ailments.

It is probably the exception, rather than the rule, that a baby passes through its first two summers without at least one sharp attack of gastro-enteric disturbance. In severity, such attacks vary from a slight bowel "looseness" and occasional eructation of nourishment, to a true choleraic diarrhoea, in which sudden and unexpected vomiting, rice water discharges, marked prostration and sunken fontanelles are the symptoms that precede dissolution. In all except the fulminant cases referred to, recovery ensues, if intelligent dietetic and medicinal treatment is instituted. In many instances, however, the considerable drain on systematic vitality, from the frequent discharges and the enforced cutting down of the child's nourishment, brings about a more or less anemic condition, and unless restorative measures are adopted convalescence is apt to be slow and protracted. Ordinary hematinics,



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in such cases, are apt to do more harm than good, because of their irritant effect upon the stomach. Pepto-Mangan (Gude), however, is so palatable, readily tolerable and generally acceptable, that the infant can and will take it readily and without demur. Constipation does not result from its administration and the beneficial effects are noted promptly and decidedly, in the form of increased vitality, better color, a return of spirits and a better assimilation of nourishment.

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#### Enterocolitis and Cholera Infantum.

The following advice from the pen of a well-known Denver physician will be found to be most seasonable and helpful in the treating of enterocolitis.

"Cleanse the intestinal tract with calomel and a saline or with castor oil. Prescribe a suitable diet, easily digested and non-irritating. Irrigate the rectum and colon at suitable intervals with normal salt solution or some mild antiseptic, using for the purpose a soft rubber catheter or colon tube.

"Instead of opiates, which lock up the secretions and thereby favor auto-intoxication, relieve the muscular rigidity and the excruciating pain which is such a drain upon the vital forces, by the use of Antiphlogistine as hot as can be borne over the entire abdominal walls and covered with absorbent cotton. If the patient is not too far gone, the effect will be astonishing. The little drawn faced patient, who until now has been suffering severely, will in most cases soon quiet down; the agonized expression will leave the face and restful slumber supervene, thus starting the child upon the road to recovery."

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61 EAST 86th STREET

NEW YORK, N.Y.

# The Canadian Nurse

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## STATE EDUCATION OF NURSES.\*

It is rather a difficult task to write a lengthy paper on the above subject as the whole system of the training of nurses in New Zealand could be told in a very few words. All the public hospitals are Government institutions and each hospital is managed by an hospital board. The four largest hospitals in New Zealand, at Auckland, Wellington, Christchurch and Dunedin, are training schools for nurses. No woman is allowed to enter the hospital until she is 23 years of age, then she has to serve for three months to find out whether she is fitted for a nurse. If she passes this preliminary test she is accepted as a probationer. The term of training consists of three years; if a probationer is successful in passing her first and second year examinations, she can go up for her final examination at the end of the third year. The training all through is very thorough, both in the medical and surgical departments. The majority of nurses when their training is finished remain on the staff of the hospital often for years and when a vacancy occurs for a charge sister of a ward, they fill that position.

Within the last few years the New Zealand Government, for the greater protection of the public, have inaugurated a system of state registration. When a nurse has obtained her hospital certificate of training, she can then sit for the state examination and if successful her name is entered on the Government register and she has a registration badge. Anyone can find out whether a nurse is trained or not by applying to the Inspector-General of Hospitals, who is continually inspecting the public and private hospitals.

The midwifery branch is not included in a general hospital training. Within the last year or two the Government have established training schools called "St. Helen's Maternity Hospitals," for this branch of nursing. General trained nurses are allowed to go through this course in six months, when they can go up for examination, but untrained women have to remain twelve months. This branch of nursing has been on a very unsatisfactory footing in New Zealand till the St. Helen's Hospitals were opened. It has been in the hands of incompetent women, but now that young women are receiving a proper hospital training, the old class will gradually be pushed out. During last year, 1908, trained nurses' associations were formed in all the four centres, for the protection of the nurses and the public generally. So many untrained women have been nursing and defrauding the public and pretending to be trained, that it was time the nurses formed a union. These associations will only admit nurses who can show their certificate of training from a recognized training school and in time the doctors and the public will not engage any but nurses who are members of these trained nurses' associations. The

\* Read at the International Congress of Women Workers, Health Section, Toronto, June, 1909.

association works in the interests of the nurses in regulating the fees, hours of duty and providing for their recreation.

I hope that this paper will give you some idea of our system of state education of nurses and how essential it is that the doctors and the public should be able to rely on having properly trained nurses.

ETHEL ENSOM.

Christchurch, New Zealand.

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### NURSING OF THE SICK.\*

The first school for teaching the proper nursing of the sick in Sweden was founded in 1851, being *Diakonissanstalten* (The Deaconess' Home), which since 1864 has been at Ersta, on the southern heights of Stockholm. The chief aim of this institution is to train young women for parish work and visiting among the poor, and the sisters are employed at children's homes, asylums, creches, and almshouses, one at a central prison, and various other similar fields for their activity.

The time devoted to learning their duties is four years, and there are courses in housekeeping, cooking, sewing, a twelve to eighteen months course in tending the sick, besides work in all the various branches of activity carried on at the institute. At the jubilee that occurred in 1901, there were 245 deaconesses at their command, now there are 296.

In order to gain admission to the Deaconess' Home it is necessary that the applicant should wish to serve the poor and sick for the Lord's sake, should be a Protestant, have a medical certificate as to good health, and should be between 20 and 30 years of age.

On the same principles as *Diakonissanstalten* in Stockholm does *Samari-terhemmet* (The Samaritan Home) carry on work at Upsala. It trains not only so-called parish sisters during an eighteen months course in the care of the sick and poor, who when the course is at an end no longer remain in the home but begin work of their own choice, but also deaconesses, who after training for from three to four years belong to the Samaritan Sisters, concerning whose work it lies with the Home to decide its scope. The conditions for obtaining admission as a pupil are: First and foremost to feel an inward longing to serve the Lord among the poor and miserable fellow beings, to belong to the Evangelical Lutheran religion, to possess good health, and be from 20 to 30 years of age.

The *Svenska Foreningen Roda Korset* (Swedish Red Cross Sisterhood) a branch of the international association for voluntary sick-nursing in time of war, was founded in 1864, and in 1866 the first probationers were received in order to pass through a six months course in sick-nursing at Upsala *Akademiska Sjukhus* (University Hospital). Since 1891 the Sisterhood has had a home of its own for their nurses, which since 1900 has been combined with a nursing home. The course for the probationers at the Red Cross is a year and a half, the pupil being bound to work in private nursing on behalf of the

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\* Read at the International Congress of Women Workers, Health Section, Toronto, June, 1909.

home for two years after her own course is at an end. The number of sisters at present at Roda Korsets Sjukskoterskehem (The Red Cross Sisters' Home) is 44. The number of nurses available at call and belonging to the Sisterhood is 466, of whom the greater part are going through various courses and are bound to obey the summons of the Sisterhood should war become imminent.

In order to gain admission as a pupil at Roda Korset the demands made are that the candidate must be a Protestant, be in good health, have a good and affable disposition, have received education at school corresponding to the V or VI form in the elementary schools, and to be between 21 and 30 years of age.

Sophiahemmets (The Sophia Home) school for the training of sick-nurses was opened in Stockholm in 1884, and the following year a nursing home was founded in connection therewith, while in 1889 the present Sophia Nursing Home was opened. The pupils are trained not only at the nursing home but also at a couple of large hospitals where the Sophia Sisters are employed. The training course lasts for three years and embraces besides ordinary sick-nursing, the care of fever patients, a course at the lying-in hospital, and for a few who appear suitable for the purpose, a course at the lunatic asylum. The nurses of the Sophia Home, like the deaconesses, form a sisterhood. After finishing their course belonging to this, they receive their pay and are sent out, being moved to either private or hospital cases from it. They also receive support from it in their old age. The number of nurses in the sisterhood is about 100.

In order to gain admission as a pupil it is necessary to have a decided taste for sick-nursing, this liking to be based on the fear of God, to belong to a Protestant faith, to be unmarried or a widow, to be in normal health, possess the education obtained at elementary schools, and be between 21 and 35 years of age.

In 1901, Södra Sveriges Sjukskoterskehem (Home for the Nurses of Southern Sweden) was started, where the pupils pass a two years training course, which includes training at the fever hospital and at the lying-in hospital, as also at a lunatic asylum. The pupil is bound to remain for a twelve-month over and above this time in order to serve the interests of the home. The number of nurses is at present 43. Moreover, on the books of the home registry there are 30 nurses available for private care of the sick.

The conditions of admission as a pupil are: Being in good health and possessing a serious desire for the calling of a sick-nurse, having received scholastic instruction corresponding (at least) to the tuition imparted in the course of the VI. class of an elementary grammar school, and to be between 20 and 30 years of age.

An association of sick-nurses that does not train their own pupils is Fredrika Bremerförbundets Sjukskoterskebyrå (Fredrika Bremer Nurses' Office) in Stockholm, opened in 1902, which supplies trained nurses for private homes and procures permanent employment for the nurses of the sick. It accepts nurses of good character that have passed a year and a half's course at any more important training establishment. Since 1906 this office

has had a nurses' home of its own. In December, 1907, the Nurses' Office that had been working on the same lines in Gothenborg since 1903, joined forces with the Fredrika Bremerförbundet, since which time the two offices have the same rules and a similar dress for the nurses belonging thereto. The number of trained nurses entered on the books in Stockholm is about 200, while in Gothenborg the number is 120.

At two of the largest hospitals, Sabbatsberg Sjukhus in Stockholm and Allmänna och Söderska Sjukhuset (Söderska's Public Infirmary) at Gothenborg, courses are arranged for the training of nurses, at the former lasting for a twelvemonth, at the latter a year and a half. The conditions for admission as a pupil are: Age 21 to 35 years, proof of good health, a good education (secondary school course or corresponding knowledge), and good conduct. Proof of having satisfactorily served at some hospital gives the applicant a certain degree of precedence.

Training schools for nurses are moreover to be found at Akademiska Sjukhuset at Upsala (University Hospital), and at most of the larger county hospitals or Lanslasarett. As, however, the time for this training varies from six to several months more, and the demands made on they who attend these courses are, as a rule, far less stringent than those previously mentioned, they are to be considered more as preliminary than as training courses that are quite up to the mark. The courses of the country hospitals are chiefly arranged for training nurses for the care of the sick in the country.

In 1894 some parishes appointed district nurses, and these are now to be found in most communities, being paid by the Commissioners of Supply, and chiefly intended to be of use in cases of epidemic disease, as also for carrying out disinfection. In these cases their assistance is given free of charge. There are 342 so-called district nurses in Sweden, 272 on duty in the country communities, and 70 in some of the smaller towns.

In the Wesleyan Church there is a society for the care of the sick called the Bethania, which supplies nurses chiefly for private patients, these nurses being trained at the Bethania Krankenhaus in Hamburg. There are five of these nurses in Stockholm, six in Gothenborg, and six pupils are at present training in Hamburg. The time devoted to this training is eighteen months, besides a probationary period of three months. Age for admission as a pupil is from 20 to 25; elementary education desirable but not a *sine qua non*.

The Roman Catholic Elizabeth Sisters since 1875 have undertaken the nursing of private patients both in Stockholm and Gothenborg. At present there are 30 of these sisters in Stockholm, though but 14 are engaged in nursing the sick. They receive their training in Breslau, which lasts from two to three years. They work without making any definite demand of payment.

The County Infirmaries and similar large hospitals altogether amount to 76, the number of beds being 8,187. At these institutions for the treatment of the sick there are 252 trained nurses appointed, the rest of the attendants are the patients being either nurses with more limited training, or ward maids. At 13 private nursing homes with a total number of 365 beds, 47

nurses are at work, while at 9 children's hospitals with 517 patients there are 15 trained nurses, and of course probationers and ward maids.

At three large and one smaller sanatoria for consumptives there are 12 trained nurses.

At the Lepers' Asylum with 50 patients there is one trained nurse.

The tending of the sick at the 164 fever hospitals with their 3,557 beds is chiefly belonging to the Diakonissanstalten in Stockholm.

There are 71 cottage hospitals with a total of 971 beds, and 7 private cottage hospitals with 100 beds, and with but few exceptions the nurses engaged have had a shorter training than a twelvemonth.

In the infirmary at the numerous workhouses and poorhouses, embracing from three to four thousand beds, trained nurses will be found at the larger and untrained nurses at the smaller infirmaries.

Ten hospitals for incurables with altogether 561 beds, are mostly under the care of a trained nurse.

Some large and a few smaller hospitals for consumptives exist: moreover, at various large hospitals there are special sections for tuberculosis, the nurses being some trained and some untrained.

In large towns for tending the sick poor there are parish deaconesses, chiefly belonging to the Diakonissanstalten in Stockholm.

At Stockholm Hospital (Asylum for the Insane) for many years there has been a course in the tending of the insane for nurses who have previously received training in ordinary nursing of the sick. The nurses who pass this course work in various departments for the insane.

At the lying-in hospitals trained nurses are engaged in tending the patients. Many nurses also pass the examination necessary for becoming a qualified midwife.

For voluntary nursing of the sick in time of war within the Swedish "Red Cross" there is Drottning Sophias Forening (Queen Sophia's Union) for the support of the nursing of the army and navy, formed in 1900. Thanks to this union, since 1905, trained nurses have been sent to the military hospitals at the camps. At most of the hospitals of the army, sisters from the Red Cross are appointed as nurses.

For a couple of years now Stockholm has had her Information Bureau for Tuberculosis. A physician and a couple of trained nurses receive the patients, superintend the hygiene of the patient's home, and arrange about disinfection; moreover provisions, thanks to the Bureau, are distributed to the patients.

Another similar information bureau is being fitted up in Stockholm and will soon be ready for use. In Gothenborg and a couple of other towns there are similar bureaus.

A vast work has been accomplished in combating tuberculosis in Sweden by National Forening mot Tuberkulos (National League for Combating Tuberculosis) which has exercised a surprising vigilance, distributing grants to both physicians and nurses for the purpose of studying tuberculosis, fitting up children's homes and hospitals, and spreading the knowledge of this terrible disease.

By voluntary contributions an institution has been founded in the neighborhood of Hedemora, called Kronprinsessan Margaretas Vardanstalt (Princess Margaret's Home) which is designed to receive, tend and educate tuberculous children from Stockholm. The institution, which will be opened this coming summer, will accommodate 70 children. The matron is a trained nurse; furthermore there are two trained nurses appointed, and a governess for the children's schooling.

Since 1896 the nurses have had a pension fund of their own, viz: Svenska Sjukskoterskornas Allmänna Pensions-forening, and since 1905 Sjukskoterskornas Sjukhjelpsforening (The Nurses' Sick Relief Fund), intended to give relief or assistance in cases of illness of short duration.

In 1909 the first nurse's periodical was published, "Svensk Sjukskotersketidning" (The Swedish Nurses' Journal) being issued once a month and being favored with intense interest on the part of the nurses. The editress is a trained nurse.

A journal for the voluntary tending of the sick in time of war began to appear in 1909, edited by an army surgeon.

The lack of cohesion between the various nursing institutions has caused a wish to be expressed for a Nurses' League, so as to bring about more combined work. This league, it has been suggested, should consist of nurses belonging to those organizations that already exist (in such a way that their relations to the respective institutions are not disturbed), and moreover, of all sick-nurses who have passed through at least an eighteen months course at one of the more important training establishments, and subsequently nursed at a hospital or in private practice for another year and a half. A proposal has been made for the rules and regulations of such a league, and as the plan is attracting eager attention among nurses, it will perhaps not be so very long before it can be carried into effect.

ESTRID RODHE.

Stockholm.

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### PERSONAL HYGIENE.\*

Hygeia, the Goddess of Health, was one of the deities worshipped by the Greeks, and they represented her as a beautiful young maiden, fully draped, and carrying with her a snake, which was a symbol of the perpetual renewing of youth of those who worshipped at her shrine. To bring this allegory home to us of this generation, we shall find that those who learn the laws of health and apply them in their every-day life do not seem to grow old. The light in their eyes, the spring in their step, the wholesomeness which emanates from them, mark them out as the seeming owners of perpetual youth.

The Greeks believed that Hygeia was the daughter of Aesculapius, the god of the healing art. She did many errands for her father; swept and cleansed the homes of the poor people, taught them how to live healthily, and so Aesculapius was saved many a journey to patients whose illnesses had been prevented by cleanliness and fresh air. And even so to-day, we find

\* Read at the International Congress of Women Workers, Health Section, Toronto, June, 1909.



Hygiene, the daughter of Medicine, sitting at his right hand and helping him to prevent disease. There is no selfishness in hygiene; it is impossible to study and practise it without discovering that it means helping others to a higher and a cleaner life. When the passion for health spreads to the people, there will be such an upheaval of society that disease and uncleanness will be swept out of the land. Think of the joy of keeping the doctor out, and when hygiene is known and rightly understood and applied, the only use of the doctor will be to attend to accidents.

Hygiene means progress, civilisation, and when we remember that Queen Elizabeth never used a handkerchief (because they had not been invented in her day), also that she did her hair once a month or once in three months, we must confess we have made rapid strides since then. But the amount to be done is still colossal, and the love of it must come from within. If each one of us had a high ideal of mental, moral and physical cleanliness, and not only an ideal, but a real desire to bring it down into our every-day life, the world would be a brighter and pleasanter place to live in.

The constitution of a person is an important factor in resisting disease. It is in part acquired and in part inherited. A strong constitution may become feeble by unhygienic environment, such as living in impure air, or in overcrowded dwellings, or by the effects of dissipation. On the other hand, a feeble constitution may become strong by careful attention to the laws of health.

The part played by heredity in the constitution of the race is now a much debated question, but the wise tendency is to lay much stress on environment and on the improvement of many of our deplorable social conditions.

Still, we see the expression of the features and many tricks of hand and face inherited, and in the same way many mental qualities are inherited, and the weak points are liable to be passed on to the children. Therefore, for example, we should recommend the son of a gouty father to be abstemious in eating and drinking, and to avoid in particular the eating of much meat.

Some families acquire cancer, tubercle, skin diseases, rheumatic fever, even enteric fever and diphtheria, more readily than others. Again, insanity, epilepsy, asthma and hysteria seem to be hereditary, but they may alternate in different generations. The general consensus of opinion shows that it is the tendency to disease, and not any particular disease, which is transmitted, and therein lies the great hope for the race, because when any disease becomes manifest in a parent, it enables us to formulate rules for the guidance of the health of the child.

When actual disease is transmitted, which occurs rarely in tubercle, but often in syphilis, the actual infection takes place before birth from the parents. Weissmann believes that only those forces which influence the germ-plasm can be inherited, and among those forces one of the most potent is the constant imbibing of alcohol by one or both parents.

The temperament of a person very often has an influence in causing disease; for instance, a phlegmatic person is as a rule less liable to contract disease, while a neurotic individual falls an easy prey to any epidemic.

Idiosyncrasy is a "peculiarity limited to a comparatively small number

of people." Thus, only a few people are liable to hay-fever, but we all inhale the pollen of grasses which is so often the cause; the smell of hyacinths is pleasant to many, overpowering to some, while it made a famous physician of Bath invariably faint away.

Some articles of diet are poisonous to some; e.g., shell-fish, lobsters, etc., may cause severe nettle-rash, and ptomaine-poisoning affects some people more acutely than others.

Some drugs exercise the direct opposite effect to that intended on a few individuals. Opium, which we all know is a sedative, may cause convulsions in rare cases, and constipation may be the result of Epsom Salts.

Then there are mental idiosyncrasies—strange aversions or preferences for certain objects. We need only instance Lord Roberts' well known aversion to cats, which he cannot tolerate in the room in which he is.

By paying attention to our individual peculiarities, much ill-health may be avoided.

Age and sex play an important role in the diseases to which we are prone. In infancy and old age, extreme changes of temperature are dangerous, and greater care and protection are needed.

Infant mortality is mainly a question of feeding and thousands of deaths are caused by giving starchy foods instead of milk, and, of course, preferably the mother's milk.

In childhood, the food must be carefully regulated, otherwise rickets, due to malnutrition, may appear even in the houses of the rich. We have now also the frequent occurrence of infectious diseases, and the illnesses caused by dentition.

Youth is the period of rapid growth and the food must be good and abundant; young people need much more food than adults to build up the growing tissues.

Manhood or womanhood is the time when health is most equable and stable, but much depends on the previous life of each individual. Old age is the period of degenerative diseases; bronchitis, apoplexy and kidney disease carry off many victims.

It is an interesting fact that the mortality of man is greater than that of woman, except from 5 to 20 years, thus illustrating Darwin's great doctrine of the "survival of the fittest."

We must always remember that the laws of health are inexorable, and what we sow, we mostly will reap. On this account, we ought to form careful habits of eating and drinking; our meals ought to be regular and of simple, well-cooked food and moderate in quantity. Over-eating is quite as much a cause of disease as under-eating, and hasty eating of food and imperfect mastication is much to be deprecated. The craving for stimulants is generally a sign of disease of the nervous system; the daily amount of alcohol has to be constantly increased to produce the desired result, and the corresponding depression is inevitable. We are all better and healthier without alcohol in any form.

It is most important to pay particular attention to having an action of the bowels at a particular time each day, otherwise a form of blood-poisoning,

indigestion, headache, etc., may result. Powerful purgatives must be avoided but fruit, brown bread, etc., must be added to the diet and a sufficiency of liquid taken—at least one quart daily, and more walking exercise must be taken every day.

And this brings us to the proper amount of exercise we ought to take every day. The involuntary muscles go on regularly, day and night; digestion is the exercise of the stomach, respiration of the lungs, and thinking of the brain.

Going up-hill is a valuable exercise in heart disease. The ideal condition occurs when neither muscular nor mental exercise is neglected.

By healthy exercise, the nutrition of the muscles is improved and the action of the lungs is increased. If the amount of air breathed in when we are lying down be taken as 1, then, when erect, we inspire 1.33; when walking one mile per hour, 1.9; at four miles per hour, 5; when riding, 4.05; when swimming, 4.33. At the same time, the amount of carbonic acid gas and other impurities which we expire is increased. The taking of alcohol diminishes the output of carbonic acid, and so is avoided by those undergoing muscular training.

By muscular exercise, the lungs are increased in size, and the measurements of the chest also increase. Deep breathing is an especially good exercise for increasing the vital capacity of the lungs.

By exercise, the action of the skin is also improved, and, as a rule, sensible perspiration occurs. If perspiration is induced, the bodily temperature is not increased. Chilblains, which are caused by defective circulation, can generally be cured by active exercise, warmer clothing and an abundant supply of good food.

Exercise increases the heart's action. The pulse goes from ten to thirty beats per minute quicker; after prolonged muscular exercise, care must be taken, as the temperature may fall below the normal.

The digestion and assimilation of food is aided by exercise, and the nervous system is improved in power. A certain amount of exercise is essential for a healthy mind. With sufficient exercise, both more nitrogenous and non-nitrogenous food is required.

When excessive exercise is taken, sarcolactic acid accumulates in the muscles and rest is enforced. Writer's palsy may be cited as an example of excessive exercise of a particular group of muscles. Students must be warned not to undertake a too strenuous walking-tour in their vacation. Occasionally, if not carefully trained, hypertrophy or dilatation of the heart may occur in the Oxford or Cambridge crews.

When the amount of exercise taken is deficient, the muscles waste, as for instance, when a leg is kept in a splint; we suffer from cold extremities, the heart and digestion are enfeebled. The nervous system is affected and irritability and sleeplessness occur. Many deformities, such as stooping, may be acquired by using only one set of muscles. Lateral curvature in girls is greatly favored by the fact that they wear corsets, and the trunk muscles cannot be exercised.

### Rest and Sleep.

The heart rests six-elevenths of a second after each contraction, and so it rests thirteen hours out of the twenty-four. The lungs also have a period of rest, amounting to about three hours per day.

Partial rest is a change of occupation, and our muscles require less rest than our brains.

Sleep is general and complete rest; our muscles sleep first, then the eyes close and the thoughts wander; hearing is the last sense to go, dreaming succeeds and even dreaming may cease if the brain repose is complete. But all the time, the heart and lungs continue their work.

The amount of sleep required varies with different individuals, but habitual deficiency leads to wretchedness and prostration with great restlessness. Habitual excess of sleep renders the brain less active, impressions are received less actively, and the power of will is correspondingly diminished.

The amount required varies with—

(1) Age. An infant ought to sleep the greater part of its life. A child over two or three years needs sleep only during the night. In advanced age, there is a return to infantile habits.

(2) Sex. Women, as a rule, require less sleep than men; they ought to learn the man's habit of taking short snatches of sleep.

(3) Temperament. The cold, phlegmatic people require more sleep than sanguine or nervous ones, but the latter sleep more deeply. Frederick the Great, John Hunter and Napoleon required only five hours sleep, but Napoleon could always take short naps at a few moments' notice.

(4) The sick and convalescent require more sleep than the healthy.

(5) Mental work requires more sleep than physical.

(6) It is important to sleep in pure air, so the window of the bedroom ought to be always open, summer and winter.

When sleeplessness occurs, no mental work should be undertaken in the evening, but a short walk before going to bed is often beneficial. No late suppers must be taken, and narcotics of all kinds ought never to be begun. The deadly habit increases, until all will-power is lost.

The most absolute personal cleanliness is essential for the maintenance of perfect health. We must remember that two sets of glands open by tubes on the surface of the skin, the sweat or sudoriparous and the sebaceous or fatty glands which keep it supple. To keep their functions active, frequent washing is essential.

Uncleanliness causes—

(1) Obstruction of the sudoriparous tubes, and this interferes with the elimination of the waste products of the body by means of the perspiration. Too much work is thus thrown on the kidneys and lungs and these organs rise up in revolt.

(2) Obstruction of the sebaceous tubes causes an accumulation of oily secretion in the ducts, and the unlovely disease called acne is the result.

(3) An accumulation of the scales of the epidermis takes place and the skin becomes scurfy.

(4) The sensibility of the skin becomes deadened, when the sensory papillae become covered with dirt.

(5) The tendency to chill is increased, because of the obstruction to the openings of the sweat glands.

Much soap and water and a good deal of friction are required. Hot baths are the most efficient for cleansing purposes, and ought to be taken at least three times a week. We are fast losing our time-worn prejudice about the weakening effect of hot baths.

The daily morning cold tub ought to be taken rapidly; the body ought to be well soaped first, and then a quick plunge into the cold water with good sponging. On leaving the cold bath, a quick reaction and delicious glow is obtained. Cold baths increase the tone of the skin, and render the body less liable to chill.

Personal cleanliness requires also daily attention to the hair, nails and mouth.

The hair ought to be carefully brushed and combed at least twice daily, and washed once a fortnight. The nails should be kept clean, because they may convey germs very easily from one locality to another.

The mouth should be kept scrupulously clean, and all decayed teeth at once attended to and filled. They must be brushed at least twice a day and preferably after each meal. The milk-teeth in children ought to be stopped, if decayed, so as to ensure a healthy and well-shaped second set.

It is essential to keep one's wearing apparel clean and well-brushed. Under-clothing must be frequently changed, and it is well to have washing dresses when possible, and when not possible, to have one's outer garments frequently aired.

The bedclothes ought to be changed frequently and the fewer bed-hangings the better. The old-fashioned vallances are practically a thing of the past, and curtains are fast following in their wake.

The house ought to be kept clean and free from dusty corners, where germs grow. Plenty of sunshine and fresh air in a house are indispensable.

One uncleanly habit need only be referred to, to be condemned utterly—expectoration in the street, the tram, the train, or anywhere. It rapidly dries and is carried by the winds to all corners of the town, carrying often disease in its train.

In conclusion, I would remind you that perfect cleanliness carried out in all its details (clean food, clean milk, clean bodies, clean houses, clean everything) means perfect health.

M. C. MURDOCH.

Hull.

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### AN ADDRESS\*

Your Honor, Mr. Chairman, Ladies and Gentlemen,—For fifteen years I have been attending these graduating ceremonies, and one feature of them always seems to me to be especially prominent, namely, that it is on these

\* To the Graduating Class of 1909 of the Toronto General Hospital Training School for Nurses, by Kennedy C. McIlwraith, M.B., Chief of Obstetric Service.

occasional only, once in each year, that the hospital people and the general public meet on a common basis. This hospital is a huge institution and in a business way meets with the public at many points, yet within its walls there is no time nor place for any save those whose misfortunes bring them here, or whose business it is to tend the sick in some capacity. This is an unfortunate state of affairs which gives rise at times to a certain lack of appreciation of the public's point of view on the part of nurses and at times to undue exaltation or depreciation of nurses on the part of the public. Perhaps, therefore, one might profitably spend a few moments in endeavoring to explain to you something of the nature of a nurse's life in the hospital. Of her trials, constant, searching, outspoken criticism is one—criticism of her letter of application, of her clothes, of her voice, carriage, manners, appearance, work and ways. You young ladies whom I see here, prospective nurses some of you, I hope, are no doubt criticized; but you seldom hear it. Your Honor, if these young women do not "see theirselves as ithers see them," they must be blind indeed. In this critical atmosphere they have lived for three years, and now, having passed the final criticism of examination, they come before you for well-deserved honors.

I remember coming over here accidentally one quiet evening a year or two ago, to find the whole emergency staff of the hospital called out. A train had run into a street car on Queen Street, and in a few moments the halls were filled with weeping relatives and the operating rooms with groaning patients, whilst among them moved these young women quietly doing their work of mercy. Such is one phase of their life. They "dwell in the midst of alarms," such as might make even an Alexander Selkirk long for his desert island and peace again. Often they have to face dangers and sometimes even death, in the performance of their duty.

But human nature rises to emergencies, and death and danger are not so hard to meet as the constant daily drudgery, often of a most uninviting kind, and over, apparently, most unworthy objects. How can they do it? How can they live such lives? The daily habit and the stream of tendency around them could not carry them through. Beneath the surface, deep in their natures must be a spirit:

"It is the generous spirit, who when brought  
Among the tasks of real life hath wrought  
Upon the plan which pleased his boyish thought;  
Whose high endeavors are an inward light  
That makes the path before him always bright;  
Who with a natural instinct to discern what knowledge can perform  
Is diligent to learn.

"Who doomed to go in company with pain  
And fear and bloodshed, miserable train,  
Turns his necessity to glorious gain:  
By objects which might force the soul to abate  
Her feeling, rendered more compassionate."

It is not easy to express old truths in new ways. Had Wordsworth

written for this occasion he could not have described the sustaining force more accurately, excepting in the word "doomed." These young women are not doomed to this life, they have chosen it.

Now I should like to say a word or two more particularly to you young women who are leaving us to-day. I should like to urge upon you two virtues in particular—loyalty and truth.

If you follow the example of your predecessors, many of you will go to other lands, and more particularly to the great republic to the south of us, and, as your predecessors, be successful. I am afraid that some of our graduates who make more money there and live amongst a wealthier people and greater comforts and conveniences, have developed a tendency to sneer at the country and the life they have left. I bid you remember that it is the virility of the northern race from which you spring that makes you fit and that all the elements of success are born and bred in you here. Don't forget this. Be loyal to your country.

You will see many better hospitals than the one you are leaving—I hope before long you will see a better one in Toronto—but remember this, that marble walls do not make a hospital, and that while you may have a more varied experience in a larger centre of population you will see no better work of its kind anywhere than here. Be loyal to your hospital. Need I urge upon you that you be loyal to your school? Sometimes the harness rubs a little, not everything may have been to your taste—the environment not always congenial during your course. Remember that this is true of every walk in life. Shake off these things and fix your mind's eye on this fact, that this school, your school, bears a reputation second to none in the world: that her graduates have done her honor in all parts of the globe. Remember these things, then, and be loyal to your school.

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### A DAY WITH THE VISITING NURSE

For one long-to-be-remembered week in June, my "district" was the north, east, west and south of New York, also the Bronx! Of course I do not mean that I had the whole of New York to nurse, but that the work for that time took me into all parts of the city. The West Side and Lower East Side nurses were taking their "Regents" and I had to take care of their most serious cases. A substitute was obtained who cared for all those patients who did not need daily nursing care, but I did not envy her. My own district, the Upper East, while usually very heavy, was not specially interesting just then and I was glad of the chance to make the acquaintance of some of those patients who were the subjects of interesting conversation to all the nurses who had cared for them.

I was devoutly thankful that some one else should be forced to experiment with the foolish old gentleman who had and doubtless still has, chronic eczema and who certainly "enjoyed poor health" with all his might; and the mournful and not-to-be-understood Roumanian mother of the perfectly healthy child, which always had such interesting and alarming symptoms

whenever we did not visit him, and the bad tempered old gentleman, who threw everything within reach that was not too heavy to lift, at his family, because he did not dare to throw them at me! Now I had Eliza of the "crocodile tears," and the Eliza whose leg "was that bad they had to hold a consolation over it," and Anna of the cold fish cakes, and others more or less interesting.

The visiting nursing course was elective in my hospital and there were actually some nurses who did not care to take advantage of it. How any nurse who had the chance of studying human nature in the tenements and in the streets of the more or less "slummy" districts, could refuse, is beyond my understanding. There is never a dull moment even in the street cars and the fact that people recognize that one is a nurse, makes the chances of being interested and amused all the greater. For instance, I have been stopped in the street by a woman with a baby in her arms, who informed me which teeth her baby had achieved, and asked me which would come next! I gasped and then plunged boldly. "The bi-cuspid I should think," and she went on her way completely satisfied! And another day while resting in the park, two women came and sat down beside me. One said, "I went up to see Uncle Mike in Mount Sinai Hospital yesterday. He's awful sick." "You don't say! Why, what's the matter?" "He had his leg cut off," very impressively with an eye on me for effect. "Oh, oh! Whatever was the matter?" "Well, you see, he had his leg crushed, and then he got 'kangerine' in it!" This last said triumphantly.

Only once was I mistaken for anything but the "noice" and with apologies to the medical sisterhood, I will relate the little story. One day as I came down the steps of a tenement on Avenue A., a small boy in the usual swarm of youngsters shouted at the top of his lusty young lungs, "Gee! there must be somebody dead in there, the lady doctor's coming out."

But to return to the daily visits. Eliza of the ever-ready tears lived in West Sixth Street up four flights of dark and fearsome stairs, in three tiny but clean and neat rooms. Eliza, while mistress of the three, never stepped outside of the front room, which was bed-room, sick-room and sitting-room combined. There was a worn carpet on the floor and curtains at the window and many relics of more prosperous days, scattered about the room. In the corner farthest from the window was Eliza's bed, placed as far as possible from the fresh air which was the only medicine that could help her. She was a worn, middle-aged woman with a chronic wheeze and groan and the nimblest and most insincere tongue imaginable. Every new nurse was warned of Eliza's eccentricities as regarded the changing of nurses. It was always the same performance, never varied except in intensity or volubility. The new nurse goes into Eliza's room with a cheerful greeting. A handkerchief pressed against dry eyes and a few wheezes and groans is the encouraging reply. After a moment a resigned voice from behind the handkerchief: "And what may your name be?" Then Eliza takes a look and continues: "Well, it's the bonnie face ye have and that's a fact, and goodness itself is shining out of your lovely eyes and it's kind ye'll be to me I know, bless your sweet heart, but oh! me darling Miss O," or whoever the ex-nurse may



be. Then the tears come in earnest, streams of them and wailing sore! "How can I live without ye? Oh, I know ye'll do yer best and I daresay I'll get to like ye well enough, but no one can take the place of my dear darling Miss A! Ocho—o!"

At the time it does not encourage one much to remind oneself that she has acted precisely the same way a dozen times before. It seems impossible that she could have grieved so every time and one wonders perhaps how Miss A, who seems most unfeeling and cold, could have won such a place in this poor woman's affections, and it seems unbelievable that the same scene will be re-enacted when it comes time for your successor! But so it is. The mood of sorrow lasts with gradually lessening intensity for several days and then Miss A. is forgotten and the sun rises and sets on the one in charge! My appearance upset Eliza's scheme sadly. She adored the West Side nurse whose place I had taken, and apparently learned to tolerate me, but for once she could not work up a scene, for when I left, a familiar and well-loved nurse came back!

Our daily duty towards Eliza was to make her bed, tidy her room, wash her and rub her and provide her with all that could add to her comfort until the next day. Twice a week we turned the mattress and whenever possible changed the sheets, but Eliza did not believe in frequent washings of clothes, so it was only every two or three weeks that we could persuade her to let us have clean linen. On mattress-turning days we helped Eliza over to a chair in the window, where she wheezed and groaned dismayingly, turning weird and unearthly colors, which lent wings to our hands and feet, for we never knew which wheeze might be her last. But through it all she had much to say, or rather gasp, about her neighbors across the street and gave us many injunctions anent watching out for her "little friends" whom she declared came out of the wall at night and disturbed her slumbers. None of us ever knew just what we should do if we did run across one, and my own belief is that she imagined them, for her rooms were as sweet and clean as the gentle-faced little sister of charity, who cooked and swept for her, could make them.

Except for the visits of the nurses and the sister and an occasional friend, she was alone all day, for her son worked early and late to keep his mother in her comfortable rooms. Though she was undoubtedly trying at times, yet she was a most pathetic figure, lying in her corner, her thin grey braids neatly tied up with black ribbon, the sign of mourning for her only daughter who had died of the same disease (pulmonary tuberculosis) some eight months previously, and with her once busy hands folded, waiting day by day for the end. No wonder she enjoyed in her own peculiar way the frequent change of nurses and refused vehemently when those in authority offered to let her have one nurse indefinitely.

The other Eliza, who lived in West 13th, was a dear, incoherent old soul with a "bad leg." It certainly was bad and had been for years and will be bad until the last tramp shall sound for her, for she would go down the three flights of stairs many times a day to wheel her grandchild about in his "pram." We had managed to procure one very cheaply for the mother who

was so sinfully proud of her unusual and elegant possession that she could hardly be persuaded to attend to her household duties and allow grannie to enjoy the distinction of showing off the baby and the pram. But I doubt if either would have noticed if the baby had been missing! It makes me feel positively breathless to think of the many times a day poor old Eliza toiled up and down those stairs and it was small wonder that her leg remained one of our great discouragements. There was always a wait while grannie, mother, baby and "pram" were gathered in off the street for of course all had to assist in the nursing, which was the event of the day. Eliza used to apologize and bless me by turns and sometimes the apologies and blessings became so mixed up that the result sounded highly irreverent. Her pride in the "badness" of her leg was phenomenal and entirely justified. I did not wonder that the doctors had had to hold a "consolation" over it and I rather expected that they might have to hold one over me before I had finished with it. It was so dreadful that I had been told that nothing could hurt it and advised to try heroic measures, which I did with gratifying results, fortunately. When it really began to heal she was so grateful that it was pitiful. If all the blessings she invoked could only come and roost upon me I would be a most fortunate person, but they were so vague and wandering that I am afraid few of them reached the object she intended.

Eliza's son and daughter-in-law were not in the extreme of poverty for the son had a steady "job" and they were generally well able to pay the dollar a month towards the five dollars the carriage cost, and the house was usually neat and orderly, although the possession of the pram often tempted them to neglect their rooms, still they were so light and airy that they did not in the least prepare one for Anna's which were away over on East 10th.

Anna lived within a block of a pretty park, but it might as well have been a hundred miles away for all the fresh air she got. Imagine a narrow street built up solidly with shops and tenements, crowded, crammed up together and between two shops a slit called an alley, dark and filthy, running from the street to a loathsome court. In the centre of the court stands a small, tumble-down, two-storeyed house, the four sides of it facing the slovenly backs of the tenements all about it, all of them with the fire escapes full of rubbish and endless lines of clothes hung out to dry, and the court itself swarming with children and littered with rubbish. It may not always be in such a deplorable condition as when I saw it, for there was then a strike of the refuse carters and even the streets were in a shocking condition. The odor in the court was unspeakable and appeared to be held down and pressed in by the high buildings.

In a tiny room on the second floor of the little house lived Anna, as brave and cheerful a soul as ever lived. Day after day she lay at the window often suffering greatly, always cheerful, slowly dying of cancer, crippled also, both feet having been amputated after frost-bite—which reminds me of a story they tell about one of the nurses. This nurse went to see Anna the first day of her district nursing and when she was asked how she liked her, she exclaimed: "Oh, isn't she the dearest old soul? I tell you I made her comfortable. I bathed her from head to foot and you should have seen her feet;

they were—" Words failed her to express how unclean they were! Nor could she understand why her words were received with such rude laughter and unbelief. And when she was assured so that she could not doubt it that Anna had no feet, her face was a study.

Anna's front room looked upon a corner of the unlovely court and the back one had a similar enlivening outlook. In the hall was a cold water tap for the use of the whole house, but in spite of the great inconvenience, the old woman who shared Anna's rooms, kept the rooms clean and neat, no doubt incited thereto by Anna's lively tongue. Anna reminded me of nothing so much as a canary. Her hair was fluffy and yellow and her eyes bright and beady and she was always bright and chirpy and interested in everything. Some charitable person paid the rent and also the old woman who cared for her and she had five dollars a week of her own with which to buy food for herself and her companion, and besides that we all loved her and brought her the little dainties for which her soul craved.

Every Friday morning we brought a candy box to the breakfast table and bribed one of the maids to bring us all the superfluous fish cakes and these we "sneaked," as boys say, off the plates and into the box, and in due time delivered them to Anna, whose joy was beautiful to see. She wouldn't wait to have them warmed, not she! She ate them all up at once and in her fingers!

We nurses were allowed a certain amount of money for car-fare and were forbidden to carry any of our own or personally give any pecuniary assistance to the poor, but were allowed to spend what money was given by our well-to-do patients, for little luxuries and treats for our sickest and poorest patients so long as we kept a strict account. There appeared in the books many tins of pork and beans and such dainty articles of diet for Anna, but they were never questioned. But of course the fish cakes were a secret between Anna and ourselves.

She had a perfect passion for personal adornment and every morning we had to tie up her yellow locks with bright colored ribbon; the more brilliant the hue the better pleased she was. She had also a great love for disreputable-looking cats which used to appear from all sorts of odd and unsuspected corners and streak across the room in a way calculated to upset the stoutest nerves. But Anna loved them all.

Those three were daily visits and together with the daily visit to poor old Maria up in East 79th, filled up the entire morning. Maria's was the saddest case I ever had to care for and so hopeless that we were glad when the blessed end came for her. We had been notified of a case of sickness by a church worker and I was sent to investigate. I found the number on a basement door which opened on a long, damp hall, the foulness of which beggars description. It was a long time after I had knocked before I heard a shuffling footstep, and the door was opened by such a pitiful looking creature as I trust I may never see again. She was a little old woman literally in rags, dirty and with wildly untidy grey hair, matted and uncombed, and eyes glazed and almost sightless from weakness, and her skin of a horrible leaden hue. She had almost no pulse and was emaciated as though from starvation.

The room was orderly enough though cold and damp and the floor dark with dirt. I asked her where she slept and she led me to a cupboard behind this room, which was absolutely without light or air except what could be obtained from the front room. There was an unspeakable litter of old clothes and boxes and odds and ends of broken furniture and in the corner was flung a lump of feathers which might once have been a feather bed. This was her bed! In another cupboard, like it in every particular, her son slept. In this room were some pieces of a bedstead but he had not put it up. The back room in some ways was the worst and yet it proved to be the best. A little sunshine found its way in, though no air, and there was an attempt at a fire in the rickety old stove, but there was hardly an inch that was not littered up with tools and bits of bicycles and junk of every description. While I was wondering what I could do, the son came in, a dull-looking boy about twenty-one. He looked crushed and starved and mentally lacking, as I found out later that he was. They had moved to this cellar about ten days previously, as they were unable to pay the rent of their last "home" and before they had unpacked and settled, the old mother had become ill. There was no money for a doctor, she would not go to the hospital, would not eat and would only sit half-dressed as she was, over the fire in abject misery. He could get no employment and had almost no money, so they had existed in this way day after day waiting for something to turn up. As gently as I could I tried to persuade her to go to a hospital, but she became so excited that we had to promise that she should remain where she was. I pressed the son into service and we did a good afternoon's work, I consider. We built up a good fire, cleared a space in the floor and put up the bed and while I put the old woman to bed, the boy carried most of the junk into the room that his mother had occupied and so made it possible to move about. I found among the mass of rubbish some beautiful hem-stitched linen sheets and many other pathetic reminders of better days, which I used now to make her a little comfortable. After giving her a very inadequate bath and combing and plaiting her hair, I went back to the hospital for a hot water bag and warm nightdress and some sick-room necessities. I instructed the son to let the missionary know that his mother would have to be nursed at home, and would need nourishing food, other than the milk and eggs which we were able to provide, and when I saw the missionary I asked her to get a woman from that splendid society, the Society for Improving the Condition of the Poor (commonly known as the S. I. C. P.) to wash and scrub, for I had no time to do anything more than the nursing except to take off the surface layer of dust and make the room a little orderly and attractive. When we had all finished we were extremely proud of the result, for with a clean floor and windows, well-blackened stove and curtained shelves, and gay covered table and neat bed, but above all with a clean and tidy little old woman in the bed, no one would have recognized the tenth-rate junk shop that it had looked before, or the witch-like creature who had been the presiding genius.

For the first few days the poor old woman lay dazed and unheeding, hardly eating, but drinking quantities of hot milk flavored with coffee, but by the fourth day she was taking a keen interest in everything and lay with

her beady black eyes taking in our every movement and with her shrill voice now scolding Louis, now directing or admonishing me, and if the truth be told, finding endless fault with both of us! She rallied for some time but quite suddenly sank and died about three weeks after we had found her. She must have had heart disease for a long time but her condition was undoubtedly aggravated by semi-starvation, cold, neglect and bad air. Poor old creature, how she fought against fresh air! That was her only real grievance against me, that I would air her room when she hated fresh air like poison and shivered at every soft May breeze that crept in!

Very often must the parable of Dives and Lazarus be brought home to us, but seldom in such a vivid way as in the case of old Maria, for not only did the Dives in this case know of the beggar at his gates, but knew also that Lazarus was of his, or rather her own flesh and blood. It turned out that the story told by both mother and son and rather discounted by the missionary and me, of the rich sister who refused them any assistance, was quite true. The day after my patient's death, I found the sister in charge of affairs, stout, bustling and positively oozing prosperity, arranging the details of a fine funeral! I wondered that the son did not cast her out, but he seemed absolutely full of a melancholy pleasure over the prospect of escaping the ignominy of a pauper funeral.

With what utter disgust did I look from the half-starved woman in her handsome coffin, to the well-fed, heartless creature who had so neglected her own sister in life and who was come now to see what capital she could make out of her death! For I knew that the half-witted son was no match for this wretched woman. There was nothing to be done and less to be said, so I left the room glad that poor old Maria was well out of a world that had held little for her, at the last, at any rate.

The afternoon was taken up with visits to several discharged hospital patients whose dressings were done by the visiting nurses, and by short visits to some of our "feeding cases" to see how much the mothers had remembered of what had been taught and explained to them and how the babies were getting along. To illustrate how difficult it is to really impress the mothers with the principles of cleanliness and hygiene, the following is a good case: The nurse who had preceded me on the Upper East Side had commended to my special care a baby who had been failing for some time and whose case bothered the dispensary doctors as well as herself, a great deal. The parents were well-to-do, fairly healthy, lived in a first-class tenement, light and airy, and the mother, who was devoted to the baby, seemed to grasp all that was told her and act upon it, and yet the child failed steadily. I watched her prepare the feedings, which were apparently what the child needed, saw that she really did keep everything beautifully clean and aseptic, found that the baby was properly clothed and had abundance of fresh air, and in fact could not find anything that could account for the fact that the child hardly ever retained a meal and that it failed steadily. Whether what I subsequently did find out was the cause or not, I cannot tell, but it was enough to make us wonder what other barbarous practices the mother indulged in. I had happened to go early one morning while the baby was

having its bath, so stayed to watch proceedings. There was a rather doubtful towel spread in the bottom of the tub and various bits of cotton floating about in the very soapy water, and the baby was vigorously lathered and rubbed with any stray bit of cotton that happened to be on top. I wasn't pleased with the look of the water, which looked as though the older children had had first dip, and was about to remonstrate when I was frozen with horror to see the mother seize one of the rags and vigorously scrub out the baby's mouth with it. She was amazed that I did not approve, and in defence explained that she had always treated all her children that way and that they had all thrived, and indeed she was positively injured because I did not commend her for being so unusually careful as to wash the children's mouths out at all! The poor little baby died shortly afterwards and I am convinced that the mother considers our choice of food responsible for its death.

It seems to me that there is nothing in the nursing profession which so well repays a woman for her work in abundance of interest and possibility of service to others and broadening and deepening her own life as the daily work among the poor and miserable in the crowded streets of the great cities, and more and more I believe will women find their true vocation in the branch of nursing known as visiting nursing.

A. E. B.

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### OUTPOSTS OF EMPIRE.

Under the above words, *The Standard of Empire*, prints week by week one column. It is always worth reading, and comes from anywhere in the world. Recently it was signed with the magic name, "Wilfrid Grenfell," and the sub-heading was "Hospital Work and Other Matters."

"With regard to the hospital work, the unexpected has, as usual, happened, and successive mail boats have brought so many patients that their proper accommodation in the old buildings has become impossible. The St. Anthony Clinic, under the care of Dr. Mason Little, of Boston and Harvard University, attracts patients regularly from as far as even the chief town, St. John's, where exists the only other hospital on the island. The result has been that this hospital needs immediate enlargement, as was the case at Battle Hospital last year, where Dr. Grieve, of Edinburgh, presides. It has been shown also that our steady cold and bright sunshine, redoubled by reflection from a universal snow surface, enables us in winter to deal effectively with our tuberculosis troubles, and this has created a demand, even through our long winters, for more accommodation than at present we are able to give. The installation of electricity by a volunteer from the famous Pratt Institute of New York has also enabled the hospital to do more accurate and effective work, with the inevitable result of more calls made upon it.

It may be as well to answer here a question asked awhile ago in your columns: Why do we not endeavor to transport our people to the middle latitudes? The reason is we do not think that a desirable policy—and this is our opinion after many years' work on the coast. Exactly why we have come to that conclusion is best appreciated by those who come down to visit

us. We believe that the country is capable of great development. Capable of maintaining under proper conditions a very desirable population, capable of contributing regularly to the human race, a factor that we with the Viking strain in our blood can, better than most men, appreciate. The life develops hardness, resourcefulness, simplicity of life. There is no overcrowding in sweating shops, no monotony of factory existence, no nervous bankruptcy from the over-complexity of other places. If stress were laid on the numbers of charities needed in all great centres of population, and on the lives of the countless numbers submerged by the temptations to the weak, and by competition with the more clever, some at least of the reasons for our optimistic views regarding the possibilities and desirabilities of our northern life would be immediately apparent. There is some compensatory provision in every case, and Labrador is a better country than many now endeavoring to share the carrying of the human race.

### Some Labrador Notes

During our recent northern trip, we visited the co-operative stores at four stations. Two of these are new. The co-operative movement is now spreading with considerable rapidity. One new store has enlisted nearly every family round, and, though the capital in cash was small, there were 1200 quintals of fish between the members ready for shipment as their first co-operative cargo. The other stores were all doing well.

In some respects the trip had been the most enjoyable that I have had for many a long day. Our absolute dependence on the affection and hospitality of our people, the longer time we felt justified in delaying our small boat at each place, the more constant call on our capacities to act quickly and wisely, and the sensation of being ten years younger, all made us taste again some of the sweetest things life offers. We had during our trip nearly brought to a finish the new little nurse's house and station at Forteau, Labrador, a place which is central for many people, and at which we learned the great value of a trained nurse, when a plucky volunteer from the staff of the Johns Hopkins Hospital nurses came and put in some months there two years ago.

The money for the enterprise had been given in an odd way by an old soldier of the Civil War, the labor was given by the people themselves, and the land, wharf, etc., by a splendid white-haired old fisherman, who, receiving a paralytic stroke in the woods some years ago, lay on the snow till he was found and brought home owing to his dogs returning without him, and who has lain flat on his back ever since. The United States soldier had received a wound at Gettysburg, and when invalided had embarked on a banking vessel and gone to Labrador to recruit his health—as we seriously invite all our readers to do also. His crew had Southern leanings, and, getting a chance when he was ashore one day, gave him the slip and left him marooned. He had many miles to travel and climb, brooks to swim, and bays to go round, and was a long while before, at Red Bay, he found his ship again, undergoing repairs after an injury. The kindness and generosity of the poor folk on the journey, given necessarily without pay and under strange circumstances to

an apparently wandering lunatic, made him anxious in some way to try and repay his debt. It is being done in this way, and from the little house will radiate, we hope, for years to come acts of loving kindness that will discharge the soldier's obligation with compound interest for long delay.

While rowing around an untrodden bay one evening after sundown we were surprised to hear barking, as of some kennel, and, paddling in the direction, landed to see where the sounds came from. Before landing we descried a fox sitting upon a stone, barking at us, with half a dozen smaller foxes round. To our intense astonishment, when we landed from the boat, she actually ran down to meet us, and retired slowly only as we walked up the beach, barking as she went, till she retired in a mass of burrows through a sand hill, out of the countless holes in which the whole family barked defiance at us into the stillness of a calm night. We saw on a schooner the other day four beautiful young silver foxes, which some fishermen had dug out of a burrow in an off-lying island. I should dearly have loved to have purchased them for our farm, but, with all this long sea voyage before us, we could not venture on the sum they will bring their captors if they are successful in bringing them to maturity, which they thought they would be able to do."

WILFRID GRENFELL.

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### TRAINED NURSING IN CANADA.\*

Allow me to express the sincere and heartfelt pleasure I experience on this occasion in being privileged to look into the faces of so many of my fellow-workers.

I trust we may all receive, retain and reflect the inspiration which is ever present, where those engaged in work of a beneficent character meet to confer on subjects of kindred interest.

In presenting a brief historical sketch of modern or trained nursing in Canada, we recall with great satisfaction and pleasure that from the mother country has emanated not only the trained nurse, but the district nurse, the school nurse, and the settlement nurse as well; the former beginning her beneficent work in England shortly after the close of the Crimean War.

Although training schools for nurses were not organized in Canada in connection with any of our large hospitals until the eighties, nevertheless, a small school attached to a hospital of twenty-five beds, consisting of a matron, three English trained nurses and two or three probationers, was organized in the town of St. Catharines, Ontario, in the year 1874, concurrently with the earlier training schools in the United States. This school has continued to do good work during the thirty-five years that have since elapsed, and at the present time has an alumnae of one hundred and six nurses.

In the early eighties, a training school for nurses was organized in connection with the largest hospital in Canada, the Toronto General Hospital, Toronto, Ontario; following this, at intervals of two, three and four years,

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\* Presented at the Health Section, International Council of Women, Toronto, June, 1909. The substance of this paper was also presented by Miss Snively before the International Council of Nurses, London, England, July, 1909.



schools for nurses were organized in the Maritime Provinces, in St. John, N.B., and in Halifax, N.S., also in Kingston, London and Winnipeg, Manitoba, these schools extending over an area of two thousand one hundred and seventy-four miles.

From these centres within the following decade, schools of varying size sprang up, carrying with them their train of blessing both eastward and westward, to many intervening towns and cities, extending during this period to our great commercial centres on the Pacific coast, Victoria and Vancouver, a distance of over three thousand miles from the Atlantic.

Although the number of nurse-training schools in Canada is few compared with that of more densely populated countries, nevertheless, as most of the superintendents of these schools have received their nursing education either in the larger hospitals in Canada or the United States, a large percentage are being conducted on modern lines. In the seventy schools carefully studied, prior to writing this report, ten adhere to the two years course, three to two and one-half years, and the remaining fifty-seven require a three years hospital service.

Thirty-six schools have a regularly systematized course of instruction, lectures and examinations, and twelve schools have introduced preliminary training. The hours of duty in these hospitals vary from eight to twelve hours, day and night, and only a very small proportion send nurses out for private duty.

Many of our larger schools have provided substantial money scholarships and prizes for competition in all classes, and teaching by demonstration, and bedside or clinical instruction obtains in most of our best schools.

Not to weary you with data, I may say further that the school-nurse has already begun her beneficent work in Canada, that the district nurse, together with the Victorian Order of Nurses organized by Lady Aberdeen and now carried on under the distinguished patronage of our vice-regal representatives, becomes more indispensable with each succeeding year.

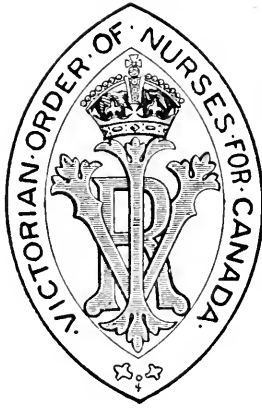
Social relief work and tuberculosis work are actively carried on in our large cities. We have an army reserve corps, nurses' registries, nurses' clubs, a nursing journal, alumnae associations in connection with all our large schools, and provincial associations in many of our provinces. We have also a very promising Society of Superintendents of Training Schools for Nurses, and a very progressive Canadian National Association of Trained Nurses.

Regarding registration, I may say briefly that Canada has made three unsuccessful efforts to secure registration for her trained nurses, during the last effort being ably supported by the local Council of Women. She is not, however, discouraged, and is looking forward in the hope that the not-too-far distant future may bring this much desired good.

"The law of worthy life is fundamentally the law of strife. It is only through labor and painful effort, by grim energy and resolute courage, that we move on to better things."

MARY AGNES SNIVELY,

President, Canadian National Association of Trained Nurses.



Harrington Hospital, Canadian Labrador, Canada.

Dear Miss Mackenzie,—Of all the thirty-one letters which Dr. Hare brought me from Natashquar, where he had been to get the letters which had been lying there for us since March, ice-bound, not one gave me as much pleasure as yours; it seemed almost impossible that my wish for a magic lantern and baby organ was to be at last fulfilled. It is so good of you to make my wants known, and I am looking forward with great pleasure to unpacking the lantern and seeing what kind of slides are with it. We expect the steamer to be here about the middle of the month. I have stopped all my classes now except the sewing and that I shall keep on with until the school closes for the summer. The cooking lessons—I gave twenty-four—were liked so much I have promised to take the young men next winter, to their great delight.

We have been having each Tuesday night for eight weeks, instructive meetings, very much enjoyed and appreciated by the people. We, that is to say Dr. and Mrs. Hare, the Rev. H. H. Corey, Mr. McDonald, the Presbyterian school teacher, Robt. Boblitt, an intelligent self-taught native of Harrington and myself formed what we grandly termed a Literary Society. Each night was devoted to one subject. One read a paper, and each of the others contributed something bearing on the question. Native talent contributed songs and we trained the children to sing, and to say dialogues. Our subjects have been: Longfellow; Effects of Alcohol, which we made a temperance night; Florence Nightingale, a hospital night; Elizabeth Fry, a prison night; How we got our Bible, a Bible night; Tennyson; the Early Days of Harrington, a Mission in China night. Next Tuesday I am going to show the men how to treat the drowned. I have shown the women and lads, but the men want to know, too. The Magic Lantern will help our Literary Society meetings very much indeed.

I have been very busy distributing the flower and vegetable seeds, sent to me so generously by known and unknown friends who had read of my wish to encourage the people to have gardens, that their dietary might be improved. I made and gave out 390 little envelopes, and have succeeded in

arousing great interest and enthusiasm. You would be amused if you could see my gardening tools: the furnace coal shovel for a spade, an old broom handle fastened into a piece of wood studded with nails for a rake, a tomato can with holes punched in it for a watering can, and the side of an old tin box hollowed into a scoop for a trowel, so if I get any good results, it will be in spite of, and not by the aid of, my implements.

I am sending this letter by the first schooner to return to Halifax. In the summer, we send away our letters by anybody, that is by any boat, leaving the coast, and as they go in a coat pocket, we have to trust to the wearer's memory for their being posted.

People have been very generous in answering our appeals and wishes for the various things that will help us to carry on the work here more effectually. Miss Allen interested the Aberdeen Society in furnishing us with books; the "Witness" worked for our launch; through you, we get a lantern and organ; friends, who have read our articles in the magazine, have sent me raffia and rattan for my basket making class, work materials for my sewing class, flower and vegetable seeds for my garden scheme, dried fruits for the impoverished people, and many other things of great value. There is one great thing that I am hoping some fairy with a magic wand will raise for us: a mission hall, in which we can have meetings of all kinds, Christmas entertainments, magic lantern exhibitions, night school, services, etc. The only room that we have at present is the patients' dining-room; the two schoolhouses hold fewer than the dining-room, and the churches of course we cannot use. It would cost about \$600 and the building of it would be a great boon to the people, for it would give them employment after the fishing is done and when there is no other work that they can do. The furnishing would not be very elaborate, for it would consist of chairs, lamps, a stove and a platform.

I hope it is going to be a good fishing year for flour is very high—\$7.50 per barrel the traders are charging for it. I am glad you find my letters interesting. As none of those to you have been written with a view to publication, they often contain little things, not intended for the public eye.

Hoping that you will have a pleasant summer, believe me to be,

Yours sincerely,

June 2, 1909.

EDITH MAYOU.

A post-graduate course in district nursing—four months—is given at one of the three training centres of the Order, at Ottawa, Montreal or Toronto. For full information, apply to the Chief Superintendent, 578 Somerset Street, Ottawa, to the Montreal District Superintendent, 76 Mackay Street, Montreal, or to the Toronto District Superintendent, 206 Spadina Avenue, Toronto.

Many positions requiring nurses with superior qualifications and marked executive ability are filled from the ranks of the Victorian Order nurses every year.

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## The Guild of

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## Saint Barnabas

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### CANADIAN DISTRICT

**MONTREAL**—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6-15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 6-15 p.m. Last Tuesday Holy Communion at R.V.H., 6-15 p.m.

*District Chaplain*—Rev. Arthur French, 158 Mance Street.

*District Superior*—Miss Stikeman, 216 Drummond Street.

**OTTAWA**—The Cathedral, First Monday.

*Chaplain*—Rev. Canon Kitson, the Rectory.

*Local Superior*—Miss L. C. Wicksteed, 494 Albert Street.

**TORONTO**—St. James' Cathedral Rectory, last Friday, 8 p.m.

*Chaplain*—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.

*Local Superior*—Mrs. Welch.

*Secretary*—Miss Maud Roger, 5 Howland Ave.

The Rev. Canon Welch, of St. James Cathedral, Toronto, Chaplain of the St. Barnabas Guild of Nurses, Toronto Branch, sailed on Saturday, July 10th, from Quebec for England, where, as Vicar of Wakefield, his work now lies. Before sailing, he sent a final message to Canadians:

"The dwellers in the Dominion are addressing themselves with an energy of devotion and a singleness of purpose which are deserving of all praise to a task no less ambitious than that of making a nation. And in the accomplishment of that great purpose the matter which seems to me to be of supreme importance is the character of the religion of the nation that is to be. As Sir John Seeley has said, 'Religion is the great state-building principle.' The chief danger of Canada lies in the fact that the keenness of the pursuit of wealth is fostering in many directions a practical materialism which is tending to stifle the spiritual in many lives. The first duty of Canadians, as of all men, is not to win success at any cost and by any means, but to believe in God, to fear Him, and to love Him; and their second duty, which follows inevitably and depends upon the first as its only paramount sanction, is to do to all men as they would have others do to them, to be true and just in all their dealings, to be sober, temperate and chaste."

## My Scallop Shell of Quiet

Give me my scallop=shell of quiet,  
My staff of faith to walk upon,  
My scrip of joy, immortal diet,  
My bottle of salvation,  
My gown of glory, hope's true gage;  
And thus I'll take my pilgrimage.

Blood must be my body's balmer;  
No other balm will there be given;  
Whilst my soul like quiet palmer  
Travelleth toward the land of Heaven;

My soul will be a=dry before,  
But, after, it will thirst no more.

—*Sir Walter Raleigh.*

### In all Time of Sore Distress

GRANT unto us, Almighty God, in all time of sore distress, the comfort of the forgiveness of our sins. In time of darkness give us blessed hope, in time of sickness of body give us quiet courage; and when the heart is bowed down, and the soul is very heavy, and life is a burden and pleasure a weariness, and the sun is too bright and life too mirthful, then may that Spirit, the Spirit of the Comforter, come upon us, and after our darkness may there be the clear shining of the heavenly light; that so, being uplifted again by Thy mercy, we may pass on through this our mortal life with quiet courage, patient hope and unshaken trust, hoping through Thy loving kindness and tender mercy to be delivered from death into the large life of the eternal years. Hear us of Thy mercy, through Jesus Christ our Lord. Amen.

*George Dawson.*

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# The Canadian Nurse

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Vol. V.

TORONTO, AUGUST, 1909

No. 8

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## Editorial

### THE INTERNATIONAL COUNCIL OF NURSES.

By the time this issue of the "Canadian Nurse" is in the hands of our readers, the great event of the meeting of the International Council of Nurses will be over and not for five years more at least will such a notable gathering of nurses convene in the world. We have much pleasure in giving to our readers one of the papers presented, and others will appear as soon as they come to hand. One of the most important events to Canadian nurses was the laying of a maple leaf wreath upon the tomb of Her Late Majesty Queen Victoria by special permission of His Majesty, King Edward, granted to Canadian nurses. On this occasion, which took place on July 24th. Miss Snively said:

"By the most gracious permission of His Majesty, King Edward the Seventh, it is our exalted privilege this afternoon, reverently to stand beside the tomb of the greatest of English monarchs, Victoria, Queen of Great Britain and Empress of India. As loyal British subjects, we recall with pride and satisfaction the grandeur and power of her kingdom, and the wonderful wisdom and progress which characterized her reign over many races and peoples, but above all these, we delight to remember the womanly gentleness of her character, and that every effort for the alleviation of human suffering found a ready response in her sympathetic nature. These qualities have enthroned Queen Victoria in the hearts of her subjects, not only in England, but in her dominions across the sea.

"In the name, therefore, of the Canadian National Association of Trained Nurses, and as their representative, I most loyally and reverently place this tribute from the nurses of the Dominion of Canada on the tomb of our late, beloved sovereign, Queen Victoria."

**Miss Breay.**

Anyone who knows anything about associations, knows that a good society always has a good secretary, and it is with especial pleasure that we observe that one of our Canadian nurses had the honor of presenting a bouquet to Miss Breay in token of the gratitude of the society. Miss Snively, who made the presentation, spoke as follows:

"My Dear Miss Breay: On behalf of the International Council of Trained Nurses, it is my pleasant privilege to express to you our deep sense of obligation and gratitude for the service you have rendered this Society as its honorary secretary, during the long period of ten years. We remember with gratitude that your work and effort have always been directed toward the strengthening and solidifying of the bond which binds the several units of

our vast Society together; so that to-day, although widely separated geographically, we meet together as one loyal, pulsating whole. We beg, therefore, your acceptance of these flowers as a slight recognition, on our part, of the obligation you have conferred upon this world-wide association of trained nurses, and we pray you may long be spared to share with us in our endeavor to develop and expand the work of this vast organization."

### THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

We have the privilege of announcing, by request of the president, Miss Stanley, that the third annual meeting of the Canadian Society of Superintendents of Training Schools for Nurses will be held in London, Ont., on September 1st and 2nd, 1909, at the Hygienic Institute, corner Ottway Avenue and Waterloo Street. The programme is as follows:

Wednesday, September 1st.—10 a.m.—Call to order; invocation, Rev. R. Whiting; address of welcome, His Worship the Mayor of London; address of welcome, Mr. S. Screaton, chairman Victoria Hospital Trust; address of welcome, Mrs. Boomer, president Local Council of Women; address of the president, Miss Margaret E. Stanley, Victoria Hospital, London; report of Council; minutes of preliminary meeting; report of treasurer; appointment of nominating committee. Papers—The Value of the Dietitian to the Training School, Miss Baird, Dietitian Victoria Hospital. Afternoon session, 2.30 p.m.—History of Victorian Order of Nurses, Miss McKenzie, Supt. Victorian Order, Ottawa; St. Barnabas and Other Leagues, Miss Young, General Hospital, Montreal. 4.30 p.m.—Afternoon tea, Ladies' Auxiliary, Victoria Hospital. 8.30 p.m.—Reception, Local Council of Women.

Thursday, September 2nd, 10 a.m.—How can we Combat the Commercial and Foster the True Nursing Spirit? Miss Chesley, St. Luke's Hospital, Ottawa; Nursing of the Nervous, Miss Rankin, London; report of Quinquennial Meeting, Miss Tedford, General Hospital, Montreal; report of Council; election of new members; report of auditors; report of nominating committee; election of officers; announcement of time and place of next meeting; introduction of president-elect; adjournment. 3 p.m.—Demonstration, Victoria Hospital. 4.30 p.m.—Reception, Trustees Victoria Hospital.

The following are the officers of the Society—President, Miss Margaret E. Stanley, Victoria Hospital, London; First Vice-President, Miss M. Agnes Snively, General Hospital, Toronto; Second Vice-President, Miss Lewis, Maternity Hospital, Montreal; Secretary, Miss Louise C. Brent, Hospital for Sick Children, Toronto; Treasurer, Miss M. Louise Meiklejohn, General Protestant Hospital, Ottawa; Councillors—Miss Livingston, General Hospital, Montreal; Miss McDonald, Victoria Hospital, Halifax; Miss Wilson, General Hospital, Winnipeg; Miss Craig, Western Hospital, Montreal; Miss Maloney, Jeffrey Hale Hospital, Quebec; Miss Greene, General Hospital, Belleville; Miss Scott, Grace Hospital, Toronto; Miss McKenzie, Victorian Order of Nurses, Ottawa. Auditors—Miss Sharp, General Hospital, Woodstock; Miss McColl, Maternity Hospital, Ottawa.



We are further requested to announce that a cordial invitation is extended to all Alumnae Associations to send delegates, and to notify the president as soon as possible of their acceptance of this invitation and of the names of the delegates. With such a fine programme and such excellent arrangements the meeting is an assured success.

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### THE NOVA SCOTIA GRADUATE NURSES' ASSOCIATION.

It is with the greatest pleasure and satisfaction that we officially announce the organization, under the happiest auspices, of the Nova Scotia Graduate Nurses' Association, and wish it all success, with many congratulations upon this, one of the most important events in the history of the nursing profession in Canada. We hope it will not be long before a similar association is established in every province of Canada and in Newfoundland. During May preliminary meetings were held at "Restholm," Halifax, for the purpose of organizing the Nova Scotia Graduate Nurses' Association.

Provisional officers were elected, viz.: President, Miss Pemberton, Supt. "Restholm," Halifax; First Vice-President, Miss Sheraton, Supt. Aberdeen Hospital, New Glasgow; Second Vice-President, Miss Elliott, Supt. Kentville Sanitarium, Kentville; Third Vice-President, Miss Sampson, Supt. Nurses N. S. Hospital, Dartmouth; Treasurer, Miss Deacon, V. O. N., Halifax; Secretary, Miss Kirke, Supt. Nurses, Victoria General Hospital, Halifax; and an executive committee of seven members to which more names will be added.

Twenty-one members have been enrolled and meetings are held at Restholm, 15 North Park Street, Halifax, on the third Tuesday of each month at 8 p.m. The annual meeting will be held in September.

The following are the objects of the Association and the conditions of membership:

Objects of Association—To afford protection to graduate nurses and assist in maintenance of their honor and status; to provide a club room for social assemblage and the discussion of subjects of mutual interest.

Conditions of membership—Candidates must be certified graduate nurses of a recognized hospital training school; each candidate must be proposed by a member of the executive and voted for by two nurse members; in addition to entrance fee, an annual subscription of one dollar will be collected. Candidates are requested to enclose entrance fee (\$1.00) with application card. If ineligible the fee will be returned.

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### TO THE WEST.

The Editor and one of the members of the Editorial Board, Miss Lennox, have received the kindest and most cordial encouragement to carry out their plan to visit the Great West of Canada, and meet the members of the nursing profession. They hope to reach Winnipeg July 28th, Regina July 31st, Calgary August 2nd, Edmonton August 3rd, Banff August 5th, Vancouver August 7th and Victoria August 10th.

## THE INTERNATIONAL COUNCIL OF WOMEN.

We have pleasure in presenting some of the excellent addresses given at this Congress. It was a matter of constant remark that the attendance of nurses in uniform was a pleasing feature of the meetings. The sight of them seemed to give universal satisfaction, and was another evidence of the high place held by the profession in Canada.

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### REGISTRATION IN GREAT BRITAIN.

Now that Lord Ampthill's bill has passed the House of Lords, way has been made for another step forward. An official conference has been held, presided over first by Lord Ampthill and then in his absence, by Mr. Munro Ferguson, M.P., at which the Society for the State Registration of Trained Nurses, the Royal British Nurses' Association, the Association for the Registration of Nurses in Scotland, and the Irish Nurses' Association were all represented by their most distinguished and influential members. The conference was over two hours in session, real progress was made, it was agreed that five representatives should be appointed by each of the four bodies present to form a committee, and the following resolutions were agreed to:

1. That this conference, representing the supporters of the three Bills for the Registration of Nurses, which are at present before Parliament, is unanimously of opinion that such legislation is urgently needed in the interests alike of trained nurses, of the medical profession and of the public.

2. That this Conference is of opinion that the State Registration of Nurses can only be based successfully upon the principle of a single portal system of admission to the Register for the whole of the United Kingdom, provided that the several parts of the United Kingdom be adequately represented, and that the principle of administrative decentralization be not necessarily excluded.

3. That this Conference is of opinion that under a single portal system nurses should be admitted to the Register only after—

- (a) A three years' course of training, with a definite curriculum prescribed by a Central Nursing Council, conducted in recognized Hospital Nursing Schools.

- (b) Having passed a uniform examination conducted by examiners appointed by, and under the supervision of the Central Nursing Council, at suitable centres throughout the United Kingdom.

4. That a committee be now appointed to consist of representatives of each section represented at this meeting, to draw up one bill embodying the above principles, which can be presented to Parliament with the unanimous support of the promoters of the present bills, and to consider which a further meeting of this Conference will be held.

It was agreed that five representatives should be nominated to form the committee by each of the four societies taking part in the Conference.

The Conference lasted over two hours, and the discussion was animated.

On the motion of Professor Glaister, a cordial vote of thanks was accorded to Lord Ampthill when he left the chair, and, on the motion of Mr. Cleland, to Mr. Munro Ferguson at the conclusion of the meeting.

**DISTRICT NURSING IN GREAT BRITAIN.**

The Liverpool correspondent of "The British Medical Journal" remarks that the recent Conference there "attracted much notice in Liverpool, where it was held. Liverpool was pitched upon as the place of meeting mainly because it would appear to have been agreed to regard Liverpool as the original birthplace of district nursing. It is true that work of much the same kind was undertaken by the Society of Sisters of Charity, established by Mrs. Fry in Devonshire Square, E.C., in 1840, and that within eight years later the St. John's Sisters were also at work. Nevertheless, it seems fair on the whole to regard the work initiated by Mr. William Rathbone in Liverpool just fifty years ago as the real inception of district nursing as now understood. The earlier organizations were of a semi-religious character, while that of Mr. William Rathbone merely aimed at placing at the service of the poor, women who had received some kind of definite training in nursing duties. Once started the idea rapidly spread, and corresponding enterprises were started in Manchester in 1862, in Salford in 1864, in Leicester in 1867, in Birmingham in 1870, and in Oxford in 1879. Meanwhile, progress had been made in London, where, in addition to the two original institutions, the East London Nursing Society came into existence in 1868, the Metropolitan and National Nursing Association in 1874, and Queen Victoria's Jubilee Institute for Nurses in 1887. The Congress was attended by the Princess Louise and the Duke of Argyll, the Countess of Aberdeen, Viscount Goschen, and delegates from the colonies and many foreign countries, and a message was received from the King and Queen Alexandra.

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**NURSING IN LABRADOR.**

The work of Miss Mayou in Labrador is of great moment to that part of Canada and to all Canadians. Canadian nurses feel a great sympathy for it and feel also that they have a share in it, through Miss Mayou, who was one of the first founders and supporters of *The Canadian Nurse*, and takes a deep interest in all that concerns the profession. Six hundred dollars for a hall, and a few more dollars for a rake, a spade (that may be called a spade) and a watering-can must be found forthwith somewhere in Canada. We know our readers would like to help and as soon as we can communicate with the Chief Lady Superintendent, V. O. (now absent on a distant tour) we hope to have some announcement for our readers.

## Editorial Notes

### Canada.

**Railroad Hygiene.**—Nurses will be glad to learn that the Railway Commission of Canada has issued a sweeping order, requiring every railroad in the Dominion to enforce certain rules of cleanliness in their cars and stations. The Commission orders every railway company (1) to keep all its passenger stations, waiting rooms, closets, etc., clean, ventilated and regularly disinfected, and to have monthly reports from employees in charge of such work as to the state of these rooms; (2) to keep all its passenger cars clean, ventilated and in cold weather properly heated, and to have at least one employee on every train whose duty it will be to see that this is done; (3) to adopt a by-law prohibiting spitting in stations, waiting rooms, closets or other premises of the company or on the platforms of cars, except in receptacles suitable for the purpose, and providing a penalty for breach, such notices in Quebec to be in French as well as English; (4) to provide cuspidors in stations and in the smoking compartment of passenger cars and to have them cleaned at least every forty-eight hours; (5) to fumigate promptly all cars known or suspected to have carried a passenger suffering from an infectious disease; (6) to fumigate all sleeping cars regularly in service at least once in every thirty days.

A penalty not exceeding fifty dollars is provided for every infraction of the rules by the company, while every employee whose duty it is to carry out the order shall be liable to a penalty of not less than two dollars nor more than fifteen dollars for any failure to do so.

### Australia.

**Lady Dudley.**—The wife of the Governor of New South Wales, Lady Dudley, whose name is so well known in nursing circles, officially opened the Nurses' Home of the Royal Alexandra Hospital for Children in Sydney. "I know," she said, "of the strenuousness, of the self-sacrifice, and of the devotion with which nurses' work is performed in England, and I suppose it is the same in New South Wales. Therefore I shall be glad to identify myself with everything pertaining to nurses and nursing. I realize what a respite and refreshment a home like this would be to nurses in their busy lives, and in declaring the home open will you allow me to say, as I do so, 'May God bless and preserve this home always, and its inmates.'"

**A Visit to a Hospital.**—We are indebted to one of our subscribers in British Columbia for a charming account by "Free Lance" of a visit to a hospital in Australia, published in an Australian paper. The visitor is sensible, sympathetic and keen in her observations.

### Ireland.

**The Dufferin Hospital for Children.**—In Dublin, early last month, Lady Hermione Blackwood opened the new Children's Hospital, erected by the Belfast Board of Guardians, and named it, by request, after her father, the Marquis of Dufferin and Ava. No memorial could be needed to Lord Dufferin but it is a satisfaction and happiness to say his name again and see it often.

# Official Department



Queen Alexandra's Imperial Military Nursing Service.  
The Canadian Permanent Army Medical Service (Nursing Branch).  
The Canadian Society of Superintendents of Training Schools for Nurses.

The Canadian National Association of Trained Nurses.  
The Association of Hospital Superintendents of Canada.  
The Canadian Nurses' Association.  
The Manitoba Association of Graduate Nurses.  
The Graduate Nurses' Association of Ontario.  
The Victorian Order of Nurses.  
The Guild of St. Barnabas for Nurses.  
The Brockville Graduate Nurses' Association.  
The Collingwood G. and M. Hospital Alumnae Association.  
The Calgary Graduate Nurses' Association.  
The Edmonton Graduate Nurses' Association.  
The Ottawa Graduate Nurses' Association.  
The Fergus Royal Alexandra Hospital Alumnae Association.  
The Galt General Hospital Alumnae Association.  
The Guelph General Hospital Alumnae Association.  
The London Victoria Hospital Alumnae Association.  
The Kingston General Hospital Alumnae Association.  
The Montreal General Hospital Alumnae Association.  
The Montreal Royal Victoria Hospital Alumnae Association.  
The Ottawa Lady Stanley Institute Alumnae Association.  
The St. Catharines General and Marine Hospital Alumnae Association.  
The Toronto Central Registry of Nurses.  
The Toronto General Hospital Alumnae Association.  
The Toronto Grace Hospital Alumnae Association.  
The Toronto Graduate Nurses' Club.  
The Toronto Hospital for Sick Children Alumnae Association.  
The Toronto Riverdale Isolation Hospital Alumnae Association.  
The Toronto St. Michael's Hospital Alumnae Association.  
The Toronto Western Hospital Alumnae Association.  
The Winnipeg General Hospital Alumnae Association.  
The Vancouver Graduate Nurses' Association.

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## ALUMNAE ASSOCIATION, TORONTO GENERAL HOSPITAL.

President—Lucy Bowerman, 349 Sherbourne St.  
First Vice-President—Ida Beam, 728 Spadina Ave.

Second Vice-President—Annie Hartley, T.G.H.

Recording Secretary—Mrs. Feeney, 44 Willcocks St.

Corresponding Secretary—Ida L. Burkholder, 728 Spadina.

Treasurer—Marion E. Hall, 18 Earl St.

Board of Directors—A. J. Scott, Grace Hospital; M. Tweedie, 53 Langley Ave.; Edith Hargraves, 146 Winchester St.

Conveners of Committees:

Sick Visiting—Elizabeth Field, 505 Sherbourne St.

Registration—M. E. Christie, 19 Classic Ave.

Programme—Mrs. Feeney, 44 Willcocks St.

Social and Lookout—Miss Richardson, 551 Sherbourne St.

Press—S. Caroline Ross, 1 Selby St.

Central Registry—Miss Kate Snodgrass, 644 Spadina Ave.; H. Fralick, 728 Spadina Ave.

Canadian Nurse Representative—Miss Lennox, 107 Bedford Road.

### THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

For the year ending October 15th, 1908.

Officers for 1908-09: Miss Barnard, President; Miss A. Clarke, 1st Vice-President; Miss L. Adams, 2nd Vice-President; Miss A. Robertson, Recording Secretary; Miss B. Goodhall, Corresponding Secretary; Miss M. Wilson, Treasurer; Miss M. Gray, 505 Sherbourne St., Secretary for "Invalid Cookery"; Misses M. Haley, E. Jamieson and M. Ellrington, Directors; Miss J. Hamilton, 608 Church St., Convener of General Business Committee; Miss Sales, Miss McQuaig and Miss J. Gray.

### THE ALUMNAE ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers for 1908-09: Hon. President, Miss Morton; President, Miss G. Morrison; First Vice-President, Miss P. J. Cottrill; Second Vice-President, Miss Ella Baker; Secretary, Miss J. E. Carr; Assistant-Secretary, Miss E. M. Dawson; Treasurer, Miss M. M. Redmond.

Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the board room of the hospital.

### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE

The following ladies have received appointments as Staff Nurses: Miss W. E. Eardley, Miss M. Clayden.

**Postings and Transfers.****Matrons.**

Miss A. S. Bond, R.R.C., to Military Hospital, Colchester, from Military Hospital, Devonport.

Miss E. A. Dowse, R.R.C., to Military Hospital, Cottonera, Malta, from Military Hospital, Valletta.

Miss M. Wilson, to Military Hospital, Cork, on return from Malta.

**Sisters.**

Miss E. M. Pettle, to Royal Victoria Hospital, Netley, on return from Egypt.

Miss A. MacCormac, to Military Hospital, Cottonera, Malta, from Military Hospital, Valletta.

Miss L. M. Moor, to Military Hospital, Potchefstroom, S.A., from Military Hospital, Bloemfontein.

Miss E. S. Mason, to Military Hospital, Pretoria, from Military Hospital, Bloemfontein.

Miss E. M. Fairchild, to Military Hospital, Wynberg, from Military Hospital, Bloemfontein.

Miss E. M. Denne, to Military Hospital, Bloemfontein, from Military Hospital, Harrismith.

Miss M. Walker, to Military Hospital, Bloemfontein, from Military Hospital, Pietermaritzburg.

Miss J. Murphy, to Military Hospital, Edinburgh, from Royal Infirmary, Dublin.

**Staff Nurses.**

Miss W. E. Eardley and Miss K. M. Burgess, to the Q. A. Military Hospital, Millbank, London, on appointment.

Miss M. M. A. McCreery, to Military Hospital, Pretoria, on arrival in South Africa.

Miss G. A. Howe, to Military Hospital, Potchefstroom, on arrival in South Africa.

Miss J. S. G. Gardner, to Military Hospital, Potchefstroom, on arrival in South Africa.

Miss M. C. Johnston, to Military Hospital, Bloemfontein, on arrival in South Africa.

Miss C. W. Jones, to Military Hospital, Bloemfontein, on arrival in South Africa.

Miss J. G. Dalton, to Military Hospital, Bloemfontein, on arrival in South Africa.

Miss M. D. Woodhouse, to Military Hospital, Bloemfontein, on arrival in South Africa.

Miss A. E. M. Steen, to Military Hospital, Colchester, from Cambridge Hospital, Aldershot.

Miss C. M. Hodson, to Cambridge Hospital, Aldershot, from the Q. A. Military Hospital, Millbank, London.

Miss M. German, to Military Hospital, Cairo, on arrival in Egypt.

Miss W. Halloran, to the Q. A. Military Hospital, Millbank, London, on appointment.

Miss J. A. M. Stuart, to Connaught Hospital, Aldershot, on appointment.

### **Appointments Confirmed.**

**Staff Nurses.**—Miss L. E. Schneider.

**Arrivals.**—Miss E. A. Wilkinson, matron, from South Africa; Miss M. Wilson, matron, from Malta.

C. H. KEER,  
Matron-in-Chief, Q.A.I.M.N.S.

## **THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.**

### **Officers 1909-10.**

President—Mrs. Currie.

First Vice-President—Miss E. Deyman, Hamilton.

Second Vice-President—Miss H. Hollingworth, St. Catharines.

Treasurer—Miss Mary Gray.

Recording Secretary—Miss Julia Stewart.

Corresponding Secretary—Miss Edith Hargrave.

Board of Directors—Miss Brent, Miss Matheson, Miss Potts, Miss Muldrew, Miss Barnard, Miss Neilson, Miss McNeill, Miss Jameson, Miss Wardell, Miss Donnelly, Miss Rogers, Miss Kennedy, Miss Irvine.

The following are the names of the new members accepted at the last annual meeting: Miss Mary L. Anderson, Toronto Western Hospital; Miss Margaret Borthwick, General Hospital, Guelph; Miss Elizabeth M. Dodds, City Hospital, Hamilton; Miss Laura Gilmore, G. and M. Hospital, St. Catharines; Miss Lydia Good, G. and M. Hospital, St. Catharines; Miss Maude M. Isaac, Hospital for Sick Children, Toronto; Miss Margaret D. Kelman, G. and M. Hospital, St. Catharines; Miss Lucy C. J. McCuaig, Hospital for Sick Children, Toronto; Miss Edith C. Nisbet, Hospital for Sick Children, Toronto; Miss Julia O'Connor, St. Michael's Hospital, Toronto; Miss Jessie Wallace, G. and M. Hospital, St. Catharines.

Miss Alice J. Scott and Miss Jewison have been appointed on the Editorial Board of the "Canadian Nurse" as representatives of the G. N. A. O.

## **THE CANADIAN PERMANENT ARMY MEDICAL SERVICE, NURSING BRANCH**

### **General Order 56.**

**Army Medical Corps.**—Nursing Sister Miss Laura E. Eaton is retired on appointment to the Permanent Force, 1st May, 1909.

### **SPECIAL NOTICE.**

Please notify Miss Mary Gray, 505 Sherbourne Street, Toronto, of any change of address.

Nurses in arrears to the G. N. A. O. will please also send fees to the treasurer, Miss Mary Gray, 505 Sherbourne Street, Toronto.



## Hospitals and Nurses

Miss Mitchell, president E. A. G. N., left on July 6th to spend her vacation at the coast.

Miss M. H. Pepper, graduate of Sherbrooke Protestant Hospital, 1908, has taken up private nursing in Edmonton, Alta.

Miss Sargent, assistant superintendent City Hospital, Edmonton, has gone east to spend her vacation at her home.

Miss Annie T. Brandon, private nurse, of London, Ont., is now in charge of the nursing department of the Indian School, Brandon, Man.

Miss Adele Millichamp, a graduate of the Morden Hospital, has accepted the position of head nurse in the Neepawa General Hospital.

Miss Sara Brick (T. G. H.) left on July 8th for California, Seattle, Vancouver and Victoria and will later on visit friends in Saskatchewan.

The engagement is announced of Miss Pearl Chambers, daughter of the Rev. Dr. Chambers, Toronto, to Mr. A. A. Stirling, of Saskatchewan.

We have received a copy of the Forty-Second Annual Report of the Lakeside Hospital, Cleveland, which is a volume in itself, with several fine illustrations.

Mrs. Staebler, superintendent of Stratford Hospital, left Thursday, July 1st, en route for England, Ireland, Scotland and Italy and will be absent about seven weeks.

Mrs. T. C. Fraser, (nee Mary S. Mitchell, graduate W. C. Hospital, Jamestown, N.Y.) has opened a nurses' home at 1027 Robson Street, Vancouver, B. C.

Miss Grace A. Hodgson, superintendent of the Episcopal Eye, Ear and Throat Hospital, Washington, D.C., will spend part of August and September at her home in Toronto.

A very pleasant evening was spent at the Nurses' Home, Stratford, on June 29th, when the nurses in training entertained their friends, chaperoned by Mr. and Mrs. Ireland, dancing being the chief amusement.

We greatly regret to announce the death of Miss Ida McNabb (T.G.H.), which took place at Lakeside Hospital, Chicago, on June 10th. Miss McNabb's death is a sad loss to her friends and to the profession.

Miss Randal (graduate R. V. H.), superintendent of the General Hospital, San Francisco, passed through Montreal on the way to California after several months spent in Europe. Her friends in the R. V. H. were very glad to see her again.

Miss Goodhue, assistant superintendent R. V. H., Montreal, accompanied by Miss Chandler (graduate R. V. H.), now of New York, sailed for England on the 16th of June. While there they will attend the International Nurses' Convention being held in London.

The following appointments have been made to the staff of the Episcopal Eye, Ear and Throat Hospital, Washington, D.C.: Assistant superintendent—

Miss Agnes James, graduate of the Jewish Hospital, Cincinnati, Ohio. Staff nurses—Miss Mary L. Bovell, graduate Chester County Hospital, West Chester, Pa.; Miss Edith G. Brown and Miss Elizabeth Bertalotte, graduates of George Washington Hospital, Washington, D.C.

Miss Anna A. Hawley, formerly superintendent of the Lady Minto Hospital, Minnedosa, Man., has been appointed to the staff of the Galt Hospital, Lethbridge, Alberta. This hospital, which has a very active service, is soon to be enlarged at a cost of \$60,000. The work will be commenced at once.

Mrs. Donald McKay, wife of the president of the medical staff, General and Marine Hospital, Collingwood, recently gave a most enjoyable tea for the Alumnae Association and graduating class of the training school in connection with the hospital. A good many nurses from other hospitals were present, together with several members of the Board of Management. The guests had a very delightful time, enjoying to the full Mrs. McKay's kind hospitality.

It is with great regret that we announce the death of one of the graduates of St. Michael's Hospital, Toronto, Miss Sophia Mahoney, which occurred at Renfrew on July 5th. She was a daughter of Mr. and Mrs. James Mahoney of Atherley, Ont., and a niece of Mr. Richard Dissette of Toronto. She resided at the Nurses' Club, 9 Pembroke Street, and was engaged on a case in Renfrew when she took seriously ill. Miss Mahoney was a general favorite and her sister nurses greatly mourn her early and sudden death.

A very handsome brass memorial tablet mounted upon weathered oak has been placed in the entrance hall of the General and Marine Hospital, Collingwood. The tablet is in memory of the late Mrs. Stephen Lett and was presented by the Board of Management in grateful remembrance of Mrs. Lett's labors for and generosity to the hospital. Miss Leila McDonnell has also presented a framed portrait of her father, the late Mr. Chas. McDonnell (the first chairman of the Board of Trustees) to be hung in the board room of the same institution.

Work has been begun on the new buildings in connection with the Toronto Western Hospital, to cost in the neighborhood of \$75,000. All the buildings will be absolutely fireproof and modern in every respect. The largest building is a pavilion 126 feet in length, with a verandah in addition of twelve feet. There is to be a basement flat, mostly above ground, and above this will be three storeys to accommodate 75 patients. Connecting this pavilion with the main building will be a corridor 150 feet in length, closed in with glass, which may be used as a sun room. The contract has also been let for a boiler house, which will be used as a central heat and steam producing place for the whole of the buildings to be erected, as well as those now on the ground. The contractors promise to have the new buildings roofed in by October.

The graduating exercises of the Training School for Nurses of the Vancouver General Hospital took place on June 24th, and were held on the lawn of the hospital. Dr. Burnett gave an eloquent address to the graduating class.

Mrs. Dr. Weld pinned on the medals and Dr. Pearson presented the diplomas. In the absence of the Doctor, Mrs. R. E. McKecknie presented to Miss Agnes Miller, the medal given each year for highest general proficiency, by Dr. R. E. McKecknie. The following is a list of the graduating class: Miss Frances Bond, High River, Alta.; Miss Mary L. Stone, Vancouver, B. C.; Miss Grace Hastie, Maple Creek, Alta.; Miss Ethel Ford, Duncans, B. C.; Mrs. Alice Sheppard, Vancouver, B.C.; Miss Hetty Baines, Vancouver, B.C.; Miss Ruth Asson, Canmore, Alta.; Miss Edna McVicar, Slocan, B.C.; Miss Agnes Miller, Summerland, B. C.; Miss Janet Keeves, Mission, B.C.; Miss Mabel McTaggart, Hatzic, B.C.; Miss Lily M. White, Dawson, N.Y.

The annual graduating exercises in connection with the Neepawa (Manitoba) General Hospital were held on Thursday afternoon, June 10th, the ceremony taking place on the lawn. Promptly at 3.30 o'clock the graduating class, followed by the pupil nurses, marched from the hospital to the lawn where they were met by Dr. McRae, president of the Board of Directors, who gave a short, bright address to the assembly, after which he presented the diplomas. Mrs. Snider, the lady superintendent, then pinned the medal on each graduate. An informal reception followed, during which refreshments were served from a marquee, by the young ladies of the Girls' Auxiliary. The table was most artistic. A basket tied with pink and white satin ribbon (the school colors) filled with quantities of roses and carnations of the same color, formed the centre. From a smaller table 'with a pretty punch bowl garlanded with fragrant lilacs, Mrs. J. R. McRae dispensed lemonade. The graduating class this year are: Miss Jessie Ross, Strathclair; Miss Frances Staunton, Treherne; Miss Jessie Leitch, Oak Lake. These nurses passed their examinations most creditably and were the recipients of the warm congratulations of their friends that afternoon.

Even more than usual interest attached to the graduating exercises at the Toronto Hospital for Incurables on Thursday, June 17th, not only on account of the laying of the corner stone for the new wing and the nurses' home, but on account of the expected presence of the Countess of Aberdeen. Her Excellency was unfortunately unable to be present, but Sir James Whitney, Sir Mortimer and Lady Clark, and others lent their presence to what proved a most enjoyable and successful occasion. The following is the programme: Chairman's address, Sir Mortimer Clark; laying of corner stone of new wing, Sir James Whitney; president's address, Mr. Ambrose Kent; laying of corner stone of nurses' home, Lady Mortimer Clark; invocation, Rev. A. Logan Geggie; report of training school, Miss Forsyth, Lady Superintendent; address to graduating class and presentation of diplomas, the Countess of Aberdeen; presentation of medals and pins, by the donors. The names of the graduating class are: Miss Louise Barrow, Ingersoll, Ont.; Miss Irene Auburn Forde, Toronto, Ont.; Miss Margaret Esther Taylor, Speedside, Ont.; Miss Marianne Woodhouse, Stratford, Ont.; Miss Helen Dow Batty, Meaford, Ont.; Miss Euphemia McLellan Barr, Adamston, Ont.

The following is the preliminary programme for the eleventh annual conference of the American Hospital Association, to be held at the New

Willard Hotel, Washington, D.C., September 21, 22, 23 and 24, 1909. The Association will be called to order by the president at 10 a.m., Tuesday, September 21st, 1909, in the convention hall of the New Willard Hotel. After the address of welcome and the president's address the following papers and reports will be presented: 1.—"Hospitals from the Patient's Point of View," Dr. W. Gilman Thompson, New York City. 2.—"The General Hospital and the Orthopedic Patient," Dr. A. R. Shands, Washington, D. C. 3.—"The Hospital and the Patient of Moderate Means," Dr. Frederick Brush, Supt., N. Y. Post Graduate Medical School and Hospital, N. Y. City. 4.—"The Hospital and the Public," Mr. Del. T. Sutton, Editor International Hospital Record, Detroit, Mich. 5.—"Education and Law for Nurses," Dr. R. M. Phelps, Asst. Supt. Rochester State Hospital, Rochester, Minn. 6.—"A Cost System for Hospitals," Dr. Thos. Howell, Supt., New York Hospital, New York City. 7.—"State and City Appropriations for Voluntary Hospitals," Dr. S. S. Goldwater, Supt., Mt. Sinai Hospital, New York City. 8.—"Suggestions in Connection with Hospital Construction," Dr. R. W. Corwin, Minnetonka Hospital, Pueblo, Colo. 9.—"Relation between the Architect and the Doctor in Planning a Hospital," Dr. Chas. P. Emerson, Supt., Clifton Springs Sanatorium, Clifton Springs, N.Y. 10.—"Some Mexican Hospitals," Bertrand E. Taylor, Esq., Boston, Mass. 11.—The report of the Special Committee on the Training of Nurses—Dr. John M. Peters, chairman; Dr. Henry M. Hurd, Dr. F. A. Washburn, Dr. J. N. E. Brown, Miss Charlotte A. Aikens, Miss Mary L. Keith, Miss Mary Riddle, Dr. W. L. Babcock, secretary. 12.—Report of Committee on the Development of the Association, Dr. John A. Hornsby, Supt., Michael Reese Hospital, Chicago, Ill. 13.—Report of Committee on Hospital Efficiency, Hospital Finance, and Economics of Administration, Dr. R. R. Ross, Supt., Buffalo General Hospital, Buffalo, N.Y. 14.—Report of Committee on Hospital Construction, Dr. H. B. Howard, Supt., Peter Brigham Hospital, Boston, Mass. 15.—Report of Committee on Medical Organization, Medical Education and Hospital Progress, Dr. Rupert Norton, Johns Hopkins Hospital, Baltimore, Md. 16.—Report of Committee on Out Patient Work, Miss Maud Banfield, Supt., Polyclinic Hospital, Philadelphia, Pa. 17.—Report of Committee on Uniform Accounting, Rev. Geo. F. Clover, Supt., St. Luke's Hospital, New York City. 18.—Exhibition of Charts and Printed Forms from General Hospitals and Other Institutions, Miss Emma A. Anderson, Supt., New England Baptist Hospital, Boston, Mass. Question Box Session. The report of the Special Training School Committee, which will be presented at this conference, is the culmination of a year's hard work on the part of its members. The report will recommend curricula apparently suited to the needs of the different classes of hospitals and make various other recommendations of importance to training schools. This report is now in the hands of the printers and will be distributed by mail to the members of the Association, about two weeks prior to the Washington meeting. It was decided to distribute this report to the members of the Association prior to the meeting, in order to enable the membership to familiarize itself with the recommendations of the committee and be prepared to adopt or reject same at the convention.

## MOST SUMMER DRINKS

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The Montreal Witness gives a full account of the last meeting of the Canadian Nurses' Association, which was held in the Medico-Chirurgical Society's rooms, 112 Mansfield Street, where interesting addresses were delivered on "Women's Suffrage" and "Affiliation with the National Council of Women." Miss Baikie, president of the Canadian Nurses' Association, of Montreal, presided. Miss Hurlbatt, in her address on the extension of the franchise to women, dealt with the numerous arguments used by opponents of the movement. A very significant fact was that in the early days of the agitation one heard the term "women's rights" used a great deal, but it had now practically fallen out of use. The movement was not a selfish movement at all, that could be indicated by the term "rights." It was a movement which aimed at securing for women that freedom and liberty in the government which they were denied. They only asked for a share of the work in developing the human race in all the greatness of which it was capable. Dealing with married women's suffrage, Miss Hurlbatt said there might be often a great difference of opinion between husband and wife on political questions, but would not the fact of the woman having the vote tend to settle the difference? The opposite argument seemed incredible. It was incredible because woman would not be silent (laughter), and if she would not be silent it was better for her to speak with knowledge. The speaker then referred to the advance of western civilisation, the economic independence achieved by women and the great growth of cities, and how these three changes affected the question. There was an enormous number of women earning their own livelihood, and the power of a vote must benefit them economically by some improvement in their social and political status. She did not believe in the argument that when questions affecting women were being grappled with, it was sufficient to call women into conference. Surely that was only confining sympathies to certain points, and was not allowing them to be in their natural, sensible place, in helping to solve questions affecting humanity—men, women and children, as a whole. Miss McIntosh cited, as showing the necessity of women having a voice in the government, the fact that a bill was about being passed which made it possible for the husband to sell his homestead without the consent of the wife, who had endured as much and worked as hard in getting their home. It meant that women had to watch very carefully the doings in the Legislature, and then, if they wanted to object, they had to go through a very tedious process of getting the ear of the parties interested. Miss Derick also spoke on the question, and later explained the organization and methods of the National Council, and invited the Nurses' Association to affiliate with the Council. At the conclusion of the meeting a vote was taken when those present declared themselves in favor of the extension of the franchise, by a large majority.

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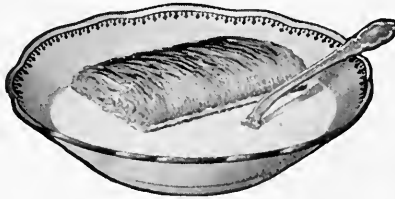
The Collingwood General and Marine Hospital held the usual graduating exercises on the evening of June 23rd, and the town surpassed itself in the interest and enthusiasm shown in the proceedings. The Collingwood *Bulletin* devotes no less than four columns to an interesting account of the proceedings.

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The graduates were: Misses Edith Mabel Silverthorn, Stayner; Ethel Laura Bruce, Collingwood; Lucinda Victoria Rainey, Thornton; and Mary Helen McCulloch, of Guthrie.

Mr. H. Y. Telfer, president of the Board of Trustees, presided. The hospital, he said, is now in the twenty-second year of its history and during that period thirty-one nurses trained therein have received their diplomas of efficiency. It is a source of great pride to all to know that the nurses who have received diplomas from this hospital have in every instance acquitted themselves creditably to their profession and to the hospital in which they received their training, and he felt confident that the four young ladies about to receive their diplomas would not be any exception to the rule.

Mr. Telfer referred to the presence of Dr. Bruce Smith, Provincial Inspector, and paid a fitting tribute to the late Dr. Stephen, who, he said, "was at all times an energetic member of the medical staff and always greatly interested in any movement relating to hospital work."

Miss Morton, the lady superintendent, presented her report, stating that taking into consideration the size of the school, a great many applications for admission have been received during the year. Six probationers have entered the school, and have been enrolled as pupil nurses, to take the place of the six graduates of last year's class. The present staff consists of the superintendent and ten pupil nurses. These latter do all the nursing in the hospital, no graduate nurses being employed except in rare instances, such as the typhoid epidemic of last autumn, when we were obliged to retain three of last year's graduates for a month longer than their term of service.

There were 8,121 days of nursing, so that you will admit, with a staff of ten we were kept fairly busy.

In addition to the practical instruction and experience the nurses are receiving daily and hourly in the wards, classes and demonstrations have been held by the superintendent from October until June, with examinations for both junior and senior classes at stated intervals.

Early in the year the Board of Management made arrangements with Miss Annie Moore, one of our own graduates and also a graduate of the Philadelphia Orthopedic Institute, to give a course of lessons in massage and hydrotherapy. This course has filled a long-felt need, as so many patients, not only in the hospital, but in private practice, undergo a course of massage treatment, and it behooves the graduate nurse to be capable of filling all requirements intelligently and scientifically.

The staff doctors have been kindness itself in every particular in their relations to the training school, while the clergy and many kind friends have always been ready to give encouragement and help when needed, and have provided necessary recreation, such as pleasant afternoon teas and many informal gatherings, which have been, and will remain, bright spots in the nurse's recollections of her hospital days.

With the class presented to you to-night, the graduates of this school now number thirty-one. Of these several are married, one, Miss Redmond, has accepted during the past year the post of assistant superintendent in Stratford General Hospital, while Miss Lord has been appointed head



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operating-room nurse in the Philadelphia Onocological Hospital. Some are doing private nursing in Toronto, others in Chicago, but a goodly number still remain in Collingwood and vicinity, pursuing their vocation, and maintaining a very helpful Alumnae Association.

Miss Silverthorn, gold medalist of the class, read an interesting address.

Dr. Connolly, president of the Medical Board, addressed the graduating class.

Mrs. Bassett, president of the Lady Managers, presented the young ladies with their diplomas, and Miss Morton pinned on them the pretty class pins. Mrs. W. Williams for the Medical Board bestowed upon each young lady a handsome bouquet of dark colored carnations and Miss Moore on behalf of the Alumnae Association gave their superintendent an Alumnae pin.

Dr. McFaul presented Miss Silverthorn with the gold medal for general proficiency and Miss Carr on behalf of the Alumnae presented Miss Rainey with an Alumnae pin as a prize for her essay, "Nursing Ethics from the Pupil Nurse's Standpoint."

Mrs. Meacham on behalf of the Board of Management presented the school medals and Mrs. W. Williams bore testimony of the Board's appreciation of Miss Morton by presenting her with a bouquet of carnations.

Music was contributed by Mrs. Keltie, Mrs. J. Morris, Miss Bruce and Mr. S. W. Mathews, all of whom added to the pleasure of the evening.

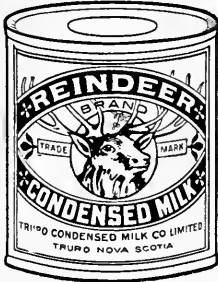
Dr. Bruce Smith made a brief address, in which he referred eulogistically to the work of this hospital. Its management, its equipment and its superintendence by Miss Morton were highly satisfactory and in no hospital in the province did he think greater progress was being made or better work done. He congratulated the people of Collingwood on having in their midst such an institution and said he was especially pleased to find among the people of the town such a strong, warm, sympathetic feeling towards the hospital as manifested by the large number of ladies and gentlemen present.

At the close of the address refreshments were served and thus was brought to a close a very enjoyable evening.

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On May 28th the Orillia Hospital was one year old. This latest institution in the town had exceeded even the most hopeful expectations, so the Ladies' Auxiliary decided they must in some way mark this one year of success. An invitation was issued through the press to those interested to come that afternoon to the hospital. Mrs. Bacon, the president of the Auxiliary, and Miss Johnston, the superintendent of the hospital, received in the entrance hall. Some of the nurses were at liberty, and in their pretty blue and white uniforms were ready to escort the visitors softly past the sick-rooms for a peep into perfectly-kept kitchen, laundry, operating room, and even into an occasional ward with its cool green walls and white paint. Afternoon tea was served in the nurses' sitting-room. A pleasant two hours was spent, and Miss Johnston heard many delightful things said of the spotless condition of her pretty hospital. Frequently was the remark heard: "How did we get along without a hospital?" And indeed it has grown difficult to imagine how we ever did do without this well-managed, well-equipped comfort for our sick.

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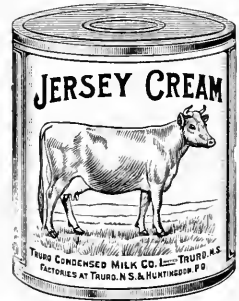


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milk, evaporated and sterilized.



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The annual dinner given by the Alumnae Association of the R. V. H. to the graduating class of '09 took place on the evening of March 30th, when sixty-six graduates, new and old, were present. The long table was very prettily decorated with pale pink tulips and asparagus fern. After the dinner, toasts to "The King," "The Governors," "The Doctors," and "Our Guests" were proposed, after which an adjournment was made to the reception room of the Nurses' Home, where a pleasant informal hour was spent. The graduating class is the largest in the history of the hospital, numbering twenty-five.

(Note.—In some inexplicable way this important and interesting item and the two following ones were mislaid in the office. It is a matter of great regret to us that such a mistake occurred.—Ed.)

The graduating exercises of the R. V. H. Training School were held in the assembly room of the Nurses' Home on April 14th at 4.30 p.m., when twenty-five graduates were presented by Mrs. Vincent Meredith with their diplomas and badges. Dr. Peterson was in the chair and Dr. Adams gave an address. Many of the friends of the hospital and of the graduating nurses were present. After the formal proceedings, tea was served in the dining-room of the Nurses' Home.

On Thursday evening, April 22nd, the Alumnae Association of the R. V. H., with the Alumnae Association of the M. G. H. as their guests, had the very great pleasure of listening to a lecture on his work by Dr. Grenfell of the Labrador Mission, illustrated by limelight views of the country, etc. The lecture was exceedingly interesting and afterwards refreshments were served in the nurses' reception room and a pleasant hour was spent together by the associations. The silver collection in aid of Dr. Grenfell's work amounted to fifty dollars.

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### BIRTHS.

Martindale.—At York, Ont., on Wednesday, May 26th, to Mr. and Mrs. C. J. Martindale, a son, Chester Arrell. Mrs. Martindale was Miss M. J. Arrell, graduate of V. H. S. C. class 1900.

### MARRIAGES.

Ross-Leger.—In St. Martin's Church, Montreal, on May 12th, by the Rev. R. Hewton of Lachine, Lulu, daughter of O. Leger, Esq., (graduate R. V. H.) to Herbert Ross, M.D., of Montreal.

Goodfellow-Jones.—In St. John's Church, Montreal, on June 2nd, by the Rev. Arthur French, Caroline E. (graduate R. V. H.), daughter of J. Foster Jones, Esq., of Belleville, Ont., to George Goodfellow, Esq., of Montreal.

### DEATHS.

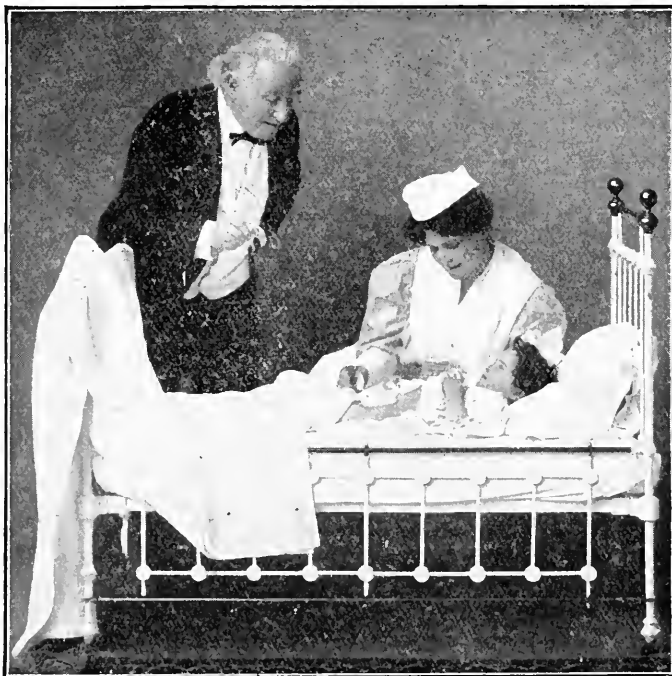
McNabb.—At Lakeside Hospital, Chicago, Ill., on Thursday, June 10th, 1909, Ida J. McNabb, graduate nurse from Toronto General Hospital, and dearly beloved sister of R. J. McNabb, Division Court Clerk, Acton, Ont. Funeral from the family residence, Bower Avenue, Acton, on June 14th, at 3 o'clock, to Fairview Cemetery.

Kuhlum.—On July 5th, 1909, at Strathcona, Alta., Miss Isabella Kuhlum, graduate of Victoria Hospital, Vancouver.

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## The Nurses' Library

The July number of "The Catholic Nurses' Magazine" contains a refreshing article on "The Idea and the Ideal of Modern Nursing." These are the opening sentences of the article: "Usually sights which remind us of suffering and distress affect us in an unpleasant manner, but there is a conspicuous exception to this rule. Somehow or other the sight of a nurse's cap and gown touches on a tender chord in our hearts. For while the sight of a nurse reminds us of sickness and sorrow, it also calls to mind much that is ennobling, most comforting and consoling in modern life."

"The Nurses' Journal of the Pacific Coast" presents its readers with a fine magazine for July. We hasten to congratulate the "Journal" on the registration victory. It is a victory due in no small measure to the magazine. Among the articles, two of the best are on "School Nurses" and "The Obligations of the Registered Nurse."

"Questions and Answers on Midwifery for Midwives," by A. B. Calder, M.B., M.R.C.S. London: Bailliere, Tindall & Cox. 1/6. Dr. Calder's work on "Midwifery for Midwives" is an admirable one, and admirably adapted for midwives in England who wish to obtain the certificate of the "C. M. B." The present is the third edition of a little book of questions and answers founded upon that book, which will give a midwife great assistance in her studies.

Messrs. Bailliere, Tindall & Cox, of London, England, have published an "Atlas of the Female Generative Organs and of Pregnancy," (3s.) with explanatory text by Dr. A. E. Giles.

"Accidents and Emergencies." C. W. Dulles, M.D. Philadelphia: P. Blakeston's Son & Co. Seventh edition. \$1.00. This excellent book, which we recently reviewed, has been again revised and enlarged.

The fifth volume of the Gulick Hygiene Series is called "Control of Body and Mind," and is written by Frances Gulick Jewett. (Boston: Ginn & Co.) It is a reasonable, interesting and effective presentation of the leading facts in regard to the nervous system. Especially helpful are the hints in regard to habits of life and study. This series of text books on hygiene will certainly do good.

"Notes on Nursing." By Florence Nightingale, O.M. London: Harrison & Sons, 45 Pall Mall. Florence Nightingale, of the Order of Merit, who entered on her 90th year on the 11th of last May, is the author of a text book on nursing which has probably never been excelled. On reading it over again, one is impressed anew with the greatness of her grasp, the simplicity and nobility of her ideas, and the marvellous character of her insight into the things of which she speaks. On "Noise," on "Petty Management," and on "Observation of the Sick" are three chapters that might well be read every week by young nurses, and that will never lose their freshness and value.

"Just One Blue Bonnet." The Life Story of Ada Florence Kinton, Artist and Salvationist. Edited by her sister, Sara A. Randleson. \$1.00. Toronto:

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William Briggs. "Vignettes of Muskoka," by Florence Kinton. Toronto: William Briggs. Miss Kinton, the daughter of a distinguished English scholar and literary man, was both an artist and a writer, having been in charge of art schools at Kingston and at Toronto. She joined the Salvation Army and helped them in all their work, especially as private secretary to Mrs. Herbert Booth. Unhappily, her health failed, and she died in 1905 at the home of her sister, Mrs. Randleson, in Huntsville, Muskoka. Her sister has edited her life, under the above title, and also a few of her poems under the title, "Vignettes of Muskoka," among which "My Night Nurse" (first published in "The Trained Nurse") is of special interest to nurses. The world lasts and life is great because of the self-sacrifice and true Christianity of people like this Salvation Army officer.

Nurses wishing to come west might apply for positions on the staff of the Tubercular Department of the Winnipeg General Hospital. Address Lady Superintendent, Winnipeg General Hospital, Winnipeg, Man.

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# The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

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VOL. V

TORONTO, SEPTEMBER, 1909

No. 9

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## THE CANADIAN NURSE AT HOME.

The Canadian Nurse is at home from the hospital which overlooks the beautiful harbor of Halifax to that other Royal Provincial Jubilee Hospital which commands a charming view of Beacon Hill Park and away over the Straits of Juan de Fuca to the snow-capped peaks of the Olympic Mountains. She is in the wards of Harrington Harbor Hospital, Labrador, where Dr. Grenfell makes rounds sometimes and in the General Hospital of St. John's, Newfoundland, and in all the hospitals between, from the General Hospital of St. John, New Brunswick, to that other General Hospital which commands Burrard Inlet and English Bay, and whose operating room windows, like a lighthouse, if lighted for an emergency operation at night, have been known to summon home by their warning gleam the O. R. nurse from the city below, and further on still to White Horse Hospital and the Good Samaritan Hospital at Dawson City in the Yukon. Day nurse or night nurse, wherever you are in the world, you may take out your watch and look at it and know that she is on duty.

In a blue uniform mostly—a few of them may be in pink—and with blue eyes mostly, though grey or brown do just as well, and with a kind face and quiet step nearly always, though they are only human and may forget, Canadian nurses learn their profession and live their lives in the country that we know, no matter how far down in our hearts we keep the knowledge, is the best country in the world. This new profession in a new country is coming to its own, and hoping to do something for the country worthy of Canadians. It is only a few years ago that there were practically no nurses' associations, no organization of the profession, and but little feeling of leadership or unity. Even when *The Canadian Nurse* was founded, there were only two or three nurses' associations and most of them were local. Since its foundation, we have had the privilege of assisting in the formation of the Canadian Society of Superintendents of Training Schools for Nurses, and the Canadian Association of Trained Nurses, as well as twenty other Nurses' Associations, all of whom are doing good work, maintaining the honor and dignity of the profession and establishing its unity. The Editorial Board, as the servants of the profession, have long felt that the invitations so kindly extended to some member of the Board to visit the West and meet Associations and members of the profession there must be accepted at the earliest possible moment. As our readers know, it was arranged, after careful consideration, that Miss Lennox, a member of the Board, and one of the most active and influential among the founders of the magazine, and the Editor, should act as representatives of the Editorial Board and the magazine, and as such visit

all the Nurses' Associations and accept other invitations, as far as possible, in the West. Miss Lennox accepted the appointment with some reservation, as not being very sure of being able to go. She was fortunately able to be present at the first meeting at Winnipeg, and the reception which took place afterward, but to the great regret of the Editorial Board and the Editor, she was unable to go any farther west. The party arrived at Winnipeg about noon on Wednesday, July 28th, and were greatly gratified by being received at the magnificent Canadian Pacific Railway station in Winnipeg by the Reception Committee, Miss Parlett, Miss Johns, Miss Cotter and others.

This committee had been appointed by the Alumnae Association of Winnipeg General Hospital, and we can say that their efficiency was only equaled by their kindness. In fact, no mayor and aldermen could have done as much or done it as well. We were so well taken care of and so happy that we felt ten years younger at once and perceived that we were about to have the time of our lives. And we had it. In two minutes more we were driving out of the gateway and admiring the adjoining C. P. R. Hotel Royal Alexandra, which Kipling says with truth is one of the best hotels in the world. Along wide, wide streets, so clean, so washed with the western sun, so atmospherized with the buoyancy, the energy, the progressiveness, the future-valuing thinking of the West, we went without haste yet speedily, till we came to the new and beautiful building of the Winnipeg Y. W. C. A., where we resided during our short but delightful visit. The next afternoon, in the spacious drawing-rooms of the Nurses' Residence of the Winnipeg General Hospital on McDermot Avenue, a special meeting was held of the Alumnae Association, and there were present a large number of members of the Manitoba Graduate Nurses' Association and other nurses resident in the City of Winnipeg. We shall never forget that meeting. The arrangement of the reception rooms was charming. Coolness, fragrance and comfort were everywhere in evidence, and we had the pleasure of being introduced personally to all the ladies present as they arrived, by the President of the W. G. H. A. A., Miss Ethel Johns. This was an ideal opening. We met some old friends and a great many new ones, who were all so cordial in their greeting and brought with them such a sense of adequacy and thoughtfulness and professional pride and enthusiasm that at once, on the very threshold of our visit, we felt that this one gathering more than secured its success. It was indeed a wonderful gathering for such a time of year, when the notice had been so short and when almost everyone was out of town. The President, Miss Johns, took the chair about 4.00 p.m. and said that she was glad that her first special duty in her year of office as President of the W. G. H. A. A. was to introduce the Editor of *The Canadian Nurse* to the members of the Alumnae Association and their guests. After the address, a vote of thanks was moved, seconded, and presented, and an adjournment was made to the dining-rooms, where everyone spent a pleasant hour, refreshments being served by members of the reception committee and others, including Miss Gilroy, Vice-President; Miss Matheson, Acting Superintendent; Miss Parlett, Miss Cotter, Miss Gray, Mrs. Briggs, Mrs. Sidney J. Atkinson, Mrs. Pierce. Among those who were present were Mrs. Margaret Scott, Miss E. Cora Hind, Mrs. C. P. Walker,

Mrs. J. H. R. Bond, Mrs. Armitage, and the following undergraduate nurses: Miss McGregor, Miss Brehaut, Miss W. Harvey, Miss Gent, Miss J. M. Smith, Miss Canning, Miss Crisp, Miss Corelli, Miss Caldwell, Miss Andrew, Miss McBride, Miss Winslow, Miss Attrill, Miss Steele, Miss Capling, Miss Mitchell, Miss Moore, Miss Gardner, Miss Waldon.

On the next day, we had the pleasure of seeing the City of Winnipeg, a great sight in itself, whether we regard its buildings, its varied and important population, the volume of commerce and manufacturing carried on there, or the beauty of its residential districts, especially on the banks of the Assiniboine River and in the Fort Rouge district. We saw the old gateway within the park which is all that remains of Fort Garry, with its great history, we saw Lower Fort Garry, the very model of a Hudson's Bay Post; we saw Kildonan churchyard, the Presbyterian Westminster Abbey of Manitoba, and the spires of St. Boniface, and the foreign quarter, and the large Canadian Northern station in course of erection; and St. John's Cathedral and churchyard, and many another thing worth seeing and not to be forgotten. Especially the visit to Lower Fort Garry by the kindness of the brother of one of our contributors and the drive through the foreign quarter afterwards by the kindness of one of the Winnipeg doctors claim our best thanks. Then there was a visit to the Winnipeg General Hospital, one of the largest and finest hospitals in Canada. We all regretted not to see Miss Wilson, the Superintendent of the Training School for Nurses, who is at present in England, attending the International Congress of Nurses.

A luncheon took place afterwards, where we met a number of the nursing staff of the hospital and the Medical Superintendent, and Dr. D. A. Stewart. An automobile ride followed, giving us a beautiful view of the principal points of interest in Winnipeg and affording also a brief visit to the Margaret Scott Nursing Home, the district nursing work of Winnipeg, where the work done is so good that it is favorably known all over Canada. The W. G. H. nurses take part of their training here. The Margaret Scott Home is a delightful place to visit. Another visit made the same afternoon was to the Children's Hospital, one of the places, as our readers know, that we have always taken a deep interest in. It has just been opened, chiefly by the steady work, enthusiasm and untiring energy of Mrs. J. H. R. Bond, whom we had the pleasure of meeting at the W. G. H., and at this visit Mrs. Bond took us through the wards and showed us the beginning of their work, introducing us to the Superintendent, Miss Shackleton, a graduate of Guy's and also of the Evalina Hospital for Children in London, England. The site of the hospital is splendid, by the side of the Red River; the necessity for it is beyond description, no other proof being necessary than the presence of so many little patients, whose suffering is more eloquent than any words, and the devotion of Miss Shackleton and her nurses makes one proud of our race, whose men, like Miss Shackleton's brother, explore the ends of the earth and discover unknown secrets, and whose women devote themselves to a life whose great attraction is the opportunity it affords of doing good. To establish a hospital at all is uphill work, as we all very well know. But to establish it on no other foundation than the riches of the heart, and to provide for

the wants of the little ones, when there is nothing but their great need to encourage the work! Such a work of faith as this will commend itself to the community, and when we next visit Winnipeg we look to see great progress made by the Children's Hospital.

Another of the important institutions of Winnipeg is the Nurses' Home and Registry at 375 Langside Street, of which Miss Bertha Andrews is at present Registrar. There are 120 names on the register, and of these 50 are graduates of the Winnipeg General Hospital. Fourteen graduated in St. Boniface and nine from other western hospitals. Eighteen were trained in the Eastern Provinces—one in Toronto General two in Montreal, four in Prince Edward Island Hospital and the others in other hospitals of Ontario. Fifteen came from the hospitals of the United States and eight from across the ocean. They have all, except two, had a general training, and these two are registered for maternity only. At least four have had post-graduate courses, two in New York and two in Chicago. Eleven have been superintendents of hospitals and several had held other positions in hospitals after graduation.

The late hours of the afternoon were spent in the pleasantest manner at the home of Miss Cotter, one of the members of the Reception Committee, at afternoon tea. The hostess entertained the other members of the Reception Committee and some friends.

This was a delightful farewell to Winnipeg nurses, who had been our kind hostesses. They were also good enough to see us off at night—Misses Matheson, Cotter, Gilroy and Turner, accompanied by Dr. Sharpe, Dr. D. A. Stewart, and Mr. Stewart. And when the Imperial Limited drew out of the C. P. R. station on the night of Friday, July 30th, it would be hard to say whether we were most glad we had come, most sorry we had to part, or most pleased with our happy visit, which, like all our other experiences this summer, has made it impossible for us ever to forget Western hospitality and made us love Western character and kindness.

The morning brought us to Regina, the capital of Saskatchewan, headquarters of the Royal Northwest Mounted Police, a city notable not only as the seat of government but as an educational centre, and as the first place where one is really on the prairie. At Winnipeg, as our friends there told us, it is not the real prairie, but a prehistoric lake bottom. Regina is a fine place. Before we knew it we were inspecting handsome and substantial buildings with stone walls of the native stone, an attractive grey stone, easy to work, and becoming very hard after exposure for some time to the atmosphere. (This reminds us that we have forgotten to speak of the Selkirk stone and other splendid building stone seen in Winnipeg.) Inside these stone walls we found fine city buildings, an up-to-date Public Library, and many other interesting places. But we are anticipating. At the station we were met by Miss Chalmers, the Superintendent of Regina General Hospital, and in the course of the day we had the honor of seeing Dr. Maurice M. Seymour, the Medical Health Officer and Inspector of Hospitals for the Province of Saskatchewan, and Mr. Frank G. Haultain, the Commissioner of Regina General Hospital. Both these gentlemen showed the deepest interest in the nursing

profession in the Province, and these interviews were among the pleasantest and most important of the whole tour. Mr. Haultain was good enough to accompany us to the General Hospital, and it was on the lawn here that we met the nurses of Regina. Miss Chalmers, by whose invitation the gathering had assembled, presided, and an informal address was given, after which refreshments were served, a part of the proceedings in which the Commissioner proved himself an invaluable aid. The day was a glorious one. The sky over the "far-flung fenceless prairie" beyond the borders of the city, the green lawns and beautiful flowers of the hospital grounds and the nurses as they sat together, grouped round three sides of a hollow square, made a pretty picture. In the evening, Miss Chalmers kindly drove us out to the Royal Northwest Mounted Police headquarters, and the residence of Lieut.-Gov. Forget, and we saw the sun set over the prairies, a sight not to be forgotten. The nurses are very much interested in professional matters and will probably form an association before long. We look to hear news of this in the near future. It will also not be long, we feel sure, before there is an Association of Graduate Nurses for the Province of Saskatchewan. Among those present at the meeting were Miss Chalmers, Superintendent of Regina General Hospital; Misses M. Dale, E. Fennel, B. Grassick, Mrs. J. G. Black, Mrs. J. Westman, Misses W. Creswell, M. Scott, K. Hood, E. Sharpe, K. Gillis, K. Clute, K. Elliott, Mrs. A. Wilson, Misses B. Grant, C. Correstine, E. Grant, M. McPherson, D. Vance, J. Kean, V. McRae, A. Allan, and Miss K. Cayle, Saskatoon.

We were next due at Calgary, and here we made the great mistake of arriving sooner than we had said, thereby missing the pleasure of meeting a reception committee at the station and receiving a bouquet which had been ordered for the occasion. This somewhat dampened our spirits when we learned it later, but the sight of two old friends, Mrs. B. G. Hamilton (Miss Crawford, T. G. H.) and Miss Scott, the Superintendent of Calgary General Hospital, cheered us up. As we sat in Miss Scott's hospital office waiting for her to come in we could not help seeing two prize ribbons from the "Dog Show." Somewhat wondering, we thought Miss Scott had borrowed them from a friend to decorate her room. But not so. We were soon introduced to the dog, a fine specimen of the somewhat rare Cary beagle, and when we had been shown over the hospital and were about to take leave, Miss Scott remarked that she would just drive us back to Braemar Lodge where we were staying. So we skimmed over the streets of Calgary at the rate of about ten miles per hour, behind Miss Scott's own horse, driven by Miss Scott herself in a manner that left nothing to be desired. In case that all the Superintendents of Eastern hospitals should suddenly wish to leave for Calgary, we may explain that these are not the only things that a hospital superintendent does in the West. We have reason to think that Miss Scott is also a real sport where work is concerned, and Emerson's Law of Compensation is equally true of West and East. The hospital was a most interesting one, and one where good work is certainly done. Our visit was enjoyable, especially in the maternity department, where we found Miss Phair in charge. This hospital made us feel at home, because they, like other hospitals we are very

familiar with, are just "getting on" till the new hospital is ready. But O that new hospital! Calgary, on the Bow River, is beautiful for situation. The waters of that river would justify the patriotism of Naaman the Syrian. If neither the sight of the beautiful crystal blue of the Bow nor the sniff of new-fallen snow on the mountains in sight of Calgary will restore the spirit, then that spirit does not dwell in a Canadian, and let him get him back to the Egypt whence he came. That hospital is built on a situation the finest we ever saw. There is truly no hospital in the world with such a fine site. In a natural amphitheatre across the river, with its grounds sloping down to the very bank, it is a joy to think of. Thither we drove in the afternoon, with Mrs. Hamilton and Miss Scott, and there we saw the Superintendent of Construction, and were later joined by the Secretary, Mr. Berkinshaw, and the Chairman of the Building Committee, Colonel Walker. Colonel Walker and Colonel Steele were, as we all know, two of The Men of the R. N. W. M. P. When we were busy in South Africa, he left the younger boys to report for ordinary duty and rode at the head of Strathcona's Horse as near to the front as anybody could get. Coming back to Canada, as Canadians love to do when they are through with what took them away, he has a militia cavalry troop of his own, and in the intervals of ranching he occupies himself with the duties of Chairman of the Building Committee of the Board of Education in Calgary—and you ought to see the schools they are building—and with the building of the new hospital.

The hospital, which will probably be opened in October, is a fine one. In design, in equipment, in modern ideas, in scientific ideas adapted for hospital use, it is second to none in Canada, and if you take in the site, you will not find its equal. It is splendid to see how the citizens give their valuable time and best thought to this work, and though we know that personal references are not in order, if we may be forgiven this once, we would like to say that while there are men like Colonel Walker in Calgary, it is well.

The nurses' meeting had been arranged for the evening, at the rooms of the Young Women's Christian Association. It was a very large gathering and four of the Sisters of the Holy Cross Hospital did us the honor to attend, along with a number of other nurses. It was a matter of regret to us that time was so limited that we could not visit that and other hospitals, and it was a very great pleasure to meet the Sisters, to whom we were presented before the meeting. The patience and interest with which the audience kindly listened to an address which was probably far too long assured us of their sympathy, and we have a strong feeling that in Alberta, where we have two of the best Nurses' Associations in Canada, the Calgary Graduate Nurses' Association and the Edmonton Graduate Nurses' Association, we shall soon hear of the formation of a Provincial Graduate Nurses' Association, and of legislation on the question of nurses' registration.

Eight o'clock in the morning of Tuesday, August 3rd, saw us at the handsome stone station of the C. P. R. at Calgary. (For Calgary has splendid grey stone just at hand for building purposes, and the post office, the city buildings and the new hospital are all built of it.) And three of our kind friends the nurses were, even at this early hour, waiting to see us off and

speed the parting guest, and had brought with them a charming bouquet of carnations and sweet peas, tied with a glorified pink chiffon ribbon that the office of *The Canadian Nurse* never saw the like of before. So we departed northward, leaving a bit of our heart behind us in Calgary, as we had already done in Winnipeg, as we were destined to do ere long in Edmonton, in Vancouver and in Victoria.

The lights at night in Edmonton and Strathcona remind one of the lights of Edinboro' town. The banks of the Saskatchewan here are high and bold, and the situation of the whole city is a continual delight to the eye. Here we enjoyed private hospitality and received a great deal of kindness from old friends and from the nurses, who attended a very large meeting held at the residence of Mrs. Lee, followed by a reception which was most pleasant and enjoyable. Among those present were: Miss Mitchell, Miss Gald, Miss McIsaac, Miss Sargent, Miss Sommerville, Miss Beattie, Miss La Lacheur, Miss McKellar, Mrs. Lee, Miss Martin, Miss Johnston, Miss Atkinson, Miss Bufton, Miss McConaghy, Miss Matthews, Miss Morkin, Miss N. Morkin, Miss Strong, Miss Sproule, Miss Kennedy, Miss Dickson, Mrs. Clarke, Miss Lawfort, Miss Lamb, Miss Casey, Miss Pepper.

A visit to the Sisters' Hospital, and also to the City Public Hospital, where Miss McIsaac is Superintendent, were among the most interesting events of our stay. The city is just about to build a fine new hospital and good progress has already been made with the plans, under the advice of a hospital expert from the United States. The site is not far from the new Government Buildings now being erected and above the site of the old Edmonton Hudson's Bay post, which used to be called "the last house in the world" by the trappers and traders going north. But now the country is being opened up in a truly wonderful way, and Edmonton, as the junction point of three transcontinental railway lines and the gateway to the West and North, is certainly destined to be a great city.

Leaving Edmonton at an early hour the next morning, night fell when we were in a world of mountains. Banff, Mountstephen, Lake Minnewanka, Glacier, Field, Laggan, Lake Louise—what magic names are these. And not only the world of sublime mountains, but the world of rivers, of great trees, of great lakes—the wonder and charm and impressiveness of it leaves one's mind full of thoughts and full of thankfulness for the greatness of this great land.

The first section of our train went through sharp on time. But the travel has never been so heavy and several sections had to be made. We reached Vancouver in good time and found ourselves on the front street of the world. Vancouver is a great place.\* Sikhs, Japs, Chinese, and all the different varieties of ourselves speed swiftly up and down these streets. People are on the way from Everywhere to Anywhere. And the city is beautiful. Nothing but the modesty of its inhabitants prevents it from being advertised as the most beautiful place in Canada. The harbor is a great sight. The park is simply, as Governor-Generals and other authorities have said, the finest park in the world. Here again, we met old friends and new ones and were most charmingly entertained. On Monday, August 9th, we were

driven round the city and saw First Beach and Second Beach and the Park and the harbor and Douglas Firs and Redwoods and everything one could wish. A visit to the hospital followed, a fine stone building, well situated, well planned and well equipped. With the Superintendent, Miss McFarlane, we had the pleasure of visiting every ward and especially the Oriental ward, where one may see patients with beri-beri and other diseases strange to us, that we would like to linger over, but space forbids.

In the evening we had the pleasure of dining with Miss McFarlane, the Superintendent, and the nursing staff of the hospital, the Medical Superintendent and Dr. Buller. Afterwards there was a reception in the Nurses' Home, which was largely attended and most enjoyable. One very interesting feature of all these gatherings was that one met graduates from celebrated hospitals all over the world. At this gathering there were nurses from Quebec, New Brunswick, Prince Edward Island, Ontario, several of the chief American hospitals, the Royal Naval Hospital at Portsmouth, England, and a number of the most important hospitals in the West, including Winnipeg General Hospital and the British Columbia hospitals. The President of the Vancouver Nurses' Association, Miss Roycroft, presided, and the only difficulty was that it seemed hard to say good-bye to all our kind and charming friends, new and old, knowing that this would be our only chance of meeting the nurses of Vancouver. Among those present were: Miss Macfarlane, Lady Supt. V. G. H., Hon. Member A. A. V. G. H. and V. G. N. A.; Miss Roycroft, Pres. A. A. V. G. H.; Miss Robertson, Vice-Pres. A. A. V. G. H.; Miss L. Wickham, 1st Vice-Pres. V. G. N. A.; Miss Black, 2nd Vice-Pres. V. G. N. A.; Miss Holt, Treas. V. G. N. A.; Miss Hart, Sec. A. A. V. G. H.; Miss Judge, Sec. V. G. N. A.; Dr. Georgina Urquhart, Miss Orme, Miss Ellison, Miss Wickham, Miss Clermont, Miss O'Lander, Miss Burgess, Mrs. Chambers, Miss Hamilton, Miss Elliott, Miss Godfrey, Mrs. Hawksford, Miss McLane, Miss McKay, Miss Bates, Miss Dixon, Miss Cobb, Miss Winters, Miss Mavity, Miss Fox, Miss Campbell, Miss S. Picken, Miss Hancock, Miss Kerr, Miss McLeod, Miss Allan, Miss Hastie, Miss Curtis, Miss Niblett, Miss English, Miss Gill, Miss McLeesh, Miss Gillies, Miss Quigley, Miss M. Fraser, Miss McDougall, Miss Chapman, Miss English, Miss Standish, Miss L. D. Orme, Miss Hall, Miss E. Picken, Miss Picken, Miss Baines, Mrs. Fraser, Miss E. Orme, Miss Keeves, Miss McTaggart, Miss Cottrell, Miss Boyde, Miss Brown, Miss Tardick, Miss Baker, Miss Arbuckle, Miss Knowling, Miss Christie, Miss Campbell.

Morning found us in Victoria, the city where oleanders grow on the streets, where the majesty of Nature has been influential with man, so that even in the architecture of the city and its public buildings we see everything to please and harmonize with the magnificent natural setting. The harbor is almost unrivalled, as every Canadian knows. But only a brief visit is needed to see things for yourself that no one has told you of and that keep the memory of Victoria green in your heart. The gardens of Victoria are gardens. If you have never seen sweet peas and mignonette grow in Victoria you really have never seen them at all. A visit to the Provincial Royal Jubilee Hospital was interesting. This hospital has particularly large grounds



and a nurses' home and buildings, of which the architecture is very pleasing. Miss McDonald, the Superintendent, kindly conducted us herself over the hospital, and arranged that all her nurses, as far as possible, should attend the meeting in the Alexandra Club rooms. This was the last of a chain of meetings with the Canadian nurse at home from Winnipeg to Victoria—a series of meetings where the speaker forgot all her own shortcomings in the kindness of the hostesses and the cordial interest and good will with which they listened to what she tried to say. It is the audience, not the speaker, that makes the success of the speech, and certainly that was what happened to us. The place of meeting, Alexandra Club, was delightful. There was a combination of the home and the club atmosphere, with the books, the furniture, the flowers and all, that is rare. And the audience was second to none that we had seen and a greater compliment than that could not be paid to it. Miss Keast, the President, Miss Clark, the Vice-President, and Miss Morrison, the Secretary of the Victoria Trained Nurses' Club, were the kindest of hostesses. The time went all too quickly, and when at last we had to go, a bouquet of sweet peas and mignonette went too, which kept fresh all the way to San Francisco by sea. The Minister of Education, the Hon. Dr. Young, did the nurses the honor to attend the reception and expressed himself in the most friendly manner in regard to the prospects of the profession in British Columbia. Among others who were present were the following: Misses S. M. Dowell, W. Jones, F. G. Hardie, L. S. Cromarty, E. H. Jones, Mary H. Clarke, A. Williams, H. C. Macnaughton-Jones, M. N. Pemberton, C. P. Whillans, Barbara T. Hoopt, Lillian C. Anderson, A. G. McGuire, L. D. Percy, M. Archibald, M. A. Carter, Jean Campbell, Hulda Stromgren, M. D. Higgin, M. R. Gordon, M. Dempster, C. L. Talbot, Louise Lehrman, M. M. Lloyd, L. I. Boyd, M. E. Gardner, Jubilee Hospital; M. Davidson, Helen C. Currie, M. T. Kennedy, M. McBride, Pauline Feker, Eleanor Conlin, Rose A. Hagan, Edith M. Whitney, K. Hubie, Elizabeth J. Mellon, St. Joseph's Hospital; Misses M. W. Hardie, E. G. Saunders, L. Goward, Mabel R. Sherman, Frances L. Williston, L. E. Dodd, N. Locke.

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### THE INTERNATIONAL CONGRESS OF NURSES.

Some of the Canadian representatives who were present at the Congress have already returned safely and all of them are full of praise of what they have seen and heard. We regret that we are compelled to postpone part of the report till next month on account of pressure upon our space, but our readers will find the following account full of interest.

## Second Quinquennial Meeting.

## INTERNATIONAL OFFICERS.

Mrs. Bedford Fenwick, Founder and Hon. President Int. Council of Nurses, formerly Matron and Superintendent of Nursing St. Bartholomew's Hosp., London; President National Council of Trained Nurses of Great Britain and Ireland; Hon. Sec. Soc. for State Registration of Trained Nurses; Hon. Sec. and Superintendent of Nursing, National Fund for the Greek Wounded, Graeco-Turkish War; Memb. of the Committee, City and County of London Territorial Force Nursing Service; Hon. Member German Nurses' Assoc.; Hon. Associate Order of St. John of Jerusalem; Distinguished Order of the Greek Red Cross; Badge of Honor of the German Nurses' Assoc.; Editor British Journal of Nursing.

Miss L. L. Dock, N. N., Hon. Secretary and Foundation Memb. Int. Council of Nurses; Graduate Bellevue Hosp., New York; Hon. Secretary American Federation of Nurses; Memb. American Society of Superintendents of Training Schools; Hon. Member Matrons' Council of Great Britain and Ireland; Hon. Member German Nurses' Association; Memb. Editorial Staff American Journal of Nursing; Collaborator British Journal of Nursing; joint author, "A History of Nursing," and author of "Materia Medica for Nurses," etc.; Badge of Honor, German Nurses' Assoc.

Miss Margaret Breay, Hon. Treasurer and Foundation Member, Int. Council of Nurses; Director National Council of Nurses Great Britain and Ireland; formerly Matron Metropolitan Hosp., London, and English Hosp., Zannibar; Hon. Sec. Matrons' Council of Great Britain and Ireland; Certified Midwife; Sub-Editor British Journal of Nursing.

## COUNCILLORS.

Miss Isla Stewart, Matron and Superintendent of Nursing St. Bartholomew's Hospital, London; Memb. Army Nursing Board; Queen Alexandra Imperial Military Nursing Service; Organizing Matron No. 1 City of London Hosp., Territorial Force Nursing Service; President Matrons' Council of Great Britain and Ireland; President Society for State Registration of Trained Nurses; joint author "Practical Nursing."

Miss M. N. Cureton, late Lady Superintendent, Addenbrooke's Hosp., Cambridge; Vice-President, Society for the State Registration of Trained Nurses.

Miss G. Knight, Matron General Hospital, Nottingham; Vice-President Society for the State Registration of Trained Nurses.

Miss M. Mollett, Matron Royal South Hants and Southampton Hosp.; President R. S. H. Nurses' League; Director National Council of Nurses.

Great Britain and Ireland; Vice-President Matrons' Council and Society for State Registration of Trained Nurses.

Miss M. Huxley, Past President Irish Nurses' Assoc.; Senior Vice-President Society for State Registration of Trained Nurses; Vice-President National Council of Nurses.

#### HON. VICE-PRESIDENTS.

Mlle. Dr. Anna Hamilton, France, Directrice and resident medical officer Maison de Sante Protestante and School of Nursing, Bordeaux. Author of Thesis Considerations sur les infirmieres des hopitaux; Member Editorial Committee, La Garde Malade Hospitaliere.

Miss M. Amy Turton, Italy, pioneer in nursing reform in Italy, and 150 Vice-Presidents from Great Britain and Ireland.

#### Affiliated National Councils.

##### GREAT BRITAIN AND IRELAND

THE NATIONAL COUNCIL OF TRAINED NURSES OF GREAT BRITAIN AND IRELAND.

President—Mrs. Bedford Fenwick.

Hon. Secretary—Miss Beatrice Cutler, Assistant Matron St. Bartholomew's Hospital, E. C.

Hon. Treasurer—Miss Christina Forrest, President Victoria and Bournemouth Nurses' League.

Delegates—Miss G. A. Rogers, Matron, Leicester Infirmary, President Leicester Infirmary Nurses' League; Vice-President Matrons' Council of Great Britain and Ireland.

Miss M. Lamont, Superintendent Irish Branch Queen Victoria's Jubilee Inst.; President Irish Nurses' Association.

Miss K. L. Burleigh, Lady Superintendent Royal Hospital for Sick Children, Edinburgh; Member League of St. Bartholomew's Hospital Nurses.

Miss Mary Burr, Hon. Secretary League of St. John's House Nurses; Director National Council of Trained Nurses of Great Britain and Ireland; Vice-President Society for State Registration of Trained Nurses.

Chairman of Hospitality Committee—Mrs. Walter Spencer formerly Sister at St. Bartholomew's Hospital, E. C.; Chairman Hospitality Committee National Council of Trained Nurses of Great Britain and Ireland; Member of the Committee City and County of London Territorial Force Nursing Service.

##### UNITED STATES OF AMERICA.

THE AMERICAN FEDERATION OF NURSES.

President—Miss A. W. Goodrich, R. N., General Superintendent of Training Schools, Bellevue and Allied Hospitals, New York.

Delegates—Mrs. Hampton Robb, R. N., late Superintendent Johns Hopkins Hospital Training School for Nurses, Baltimore, U. S. A.; Indefatigable Worker for the Organization of the Nursing Profession in the United States of America; Member and late President American Society of Superintendents of Training Schools for Nurses and of the Nurses' Associated Alumnae; Hon. Member Matrons' Council of Great Britain and Ireland; author of "Nursing: Its Principles and Practice," "Nursing Ethics," etc.

Miss Jane A. Delano, R. N., President Nurses' Associated Alumnae of the United States.

Miss Nancy E. Cadmus, R. N., late Superintendent S. R. Smith Infirmary, Staten Island, New York.

Miss Anna C. Maxwell, R. N., Superintendent of the Nurse Training School, Presbyterian Hospital, New York; author "Practical Nursing."

### GERMANY.

#### THE GERMAN NURSES' ASSOCIATION.

President—Sister Agnes Karll, R. N., Hon. Member Matrons' Council of Great Britain and Ireland; President-elect International Council of Nurses.

Delegates—Sister Erna Nagel, R. N., late Head Nurse International Hospital, Palermo, Italy.

Sister Martha Franke, R. N., Johanniter Sister Matron Children's Seashore Sanatorium, Norderney.

Sister Hedwig Schmidts, R. N., Assistant Matron Municipal Hospital, Charlottenburg; and a Vice-President of the German Nurses' Association.

Sister Hanna Miller, R. N., Graduate of the Eppendorf Hospital, Hamburg; Lady Superintendent Municipal Hospital, Rheydt.

### National Councils Affiliated July 19th, 1909.

#### HOLLAND.

#### THE DUTCH NURSES' ASSOCIATION.

President—Miss C. J. Tilanus, District Nurse in the Municipal Medical Service, Amsterdam.

Delegates—Miss J. C. van Lanschot Hubrecht, Secretary Dutch Nurses' Association.

Miss J. C. Verbeck, District Nurse in the Municipal Medical Service, Amsterdam; Secretary Amsterdam Branch Dutch Nurses' Association.

Miss M. Dutry van Haeften, trained at the Municipal Hospital, Utrecht; First School Nurse in Holland.

Miss F. Meyboom, Matron of a Municipal Hospital, Rotterdam; an active Member of the Dutch Nurses' Association; and President of its Examination Board.

## FINLAND.

## THE ASSOCIATION OF NURSES OF FINLAND.

President—Baroness Mannerheim, Matron Surgical Hospital, Helsingfors.

Delegates—Miss Sonja Koreneff, Matron of Maria Hospital, Helsingfors.

Miss Ellen Nylander, Superintendent of Preliminary Training School, Surgical Hospital, Helsingfors.

Miss Naema Bergstrom, Out-patient Sister, Surgical Hospital, Helsingfors.

Mrs. Olga Lackstrom, Editor of "Epione," the official organ of the Association of Nurses of Finland.

## DENMARK.

## DANISH COUNCIL OF NURSES.

President—Mrs. Henny Tscherning.

Delegates—Miss Bodil Hellfach, Superintending Nurse, Kommunehospital, Copenhagen.

Mrs. Hans Koch, late Sister, Presbyterian Hospital, New York.

Miss Gustave Hjorth, Sister at the Royal Frederiks Hospital, Copenhagen.

Miss Elizabeth Andersen, Ward Sister, Qresunds Hospital, Copenhagen.

## CANADA.

## CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES.

President—Miss Mary A. Snively, Lady Superintendent General Hospital, Toronto.

Delegates—Miss Louise Brent, Lady Superintendent Hospital for Sick Children, Toronto.

Miss A. J. Scott, Superintendent of the Training School, Grace Hospital, Toronto.

Miss E. Baikie, President Canadian Nurses' Association, of Montreal.

Miss Nora Tedford, Head Nurse, Operating Room, General Hospital, Montreal.

## AUSTRALIA.

Fraternal Delegates—Miss Louise Robson and Miss Isla Stuart Blomfield, Australasian Trained Nurses' Association; Miss E. Ragg, Tasmanian Branch, A. T. N. A.; Miss Peyton Jones and Miss Bertha Laurence, Royal Victorian Trained Nurses' Association.

Attending the Congress—Miss A. M. Goddard, Mrs. Wolstenholme and Miss T. E. Woodward, A. T. N. A.

## BELGIUM.

Fraternal Delegates—From the "Federation Belge des Ecoles d'Infirmierie Laique" (the Federation of Belgian lay Nursing Schools): Miss Cavell, directrice of l'Ecole Belge d'Infirmieres Diplomees, Brussels; Sister E. Lankester, Chief Nurse of the Sanatorium du Fort-Jaco Uccle; and Dr. Ley, the Medical Superintendent of the Sanatorium. Mrs. Ley, teacher of nurses at Fort-Jaco, Miss Nachtschoom, and Miss C. van der Roest will also attend the Congress.

## CANADA.

Attending the Congress—Miss Wilson, Superintendent Winnipeg Gen. Hospital, and Miss Molony, Superintendent Jeffrey Hales Hospital, Quebec; Miss Forbes, Montreal General Hospital; Miss Colley, M. G. H.; Miss Hill, K. G. H.; Miss McGregor, M. G. H.; Miss Colquhoun, M. G. H.; Miss Des Brisay, M. G. H.; Miss Fisk, M. G. H.; Miss F. S. Young, M. G. H.; Miss Goodhue, R. V. H.; Miss Welder, M. G. H.; Miss Foote, S. C. H.; Miss Forbes, M. G. H.; Miss Neish, K. G. H.; Miss Coleman, I. G. H.; Miss Welch, M. G. H.; Miss Ada Coleman, Guelph G. H.; Miss Patton, Winnipeg G. H.; Miss Wilson, K. G. H.; and Miss Draper, R. V. H.

## CUBA.

Fraternal Delegates—Miss Eugenie M. Hibbard, Superintendent of the School of Nurses for Tuberculosis Patients; Miss Margarita Nunez, Inspector General, Schools for Nurses, Republic of Cuba; President Cuban Nurses' Association; Miss Mercedes Monteagudo, Superintendent of the Municipal Sanitary Service, City of Habana. Sent by the Government of Cuba.

## DENMARK.

Attending the Congress in addition to the four Danish delegates are Miss Fabricius, Miss Nielsen, Miss Madsen, Miss Hammerich, Miss Knudsen, Miss Armusen, Miss Thygesen, Miss Larsen, Miss Hartwich, Miss Quistgaard, Sister Margrethe, Miss Borresen, Miss Jacobsen, Mrs. Claudius, Miss Hansen, Miss Morch, Miss Bojsen, Miss Torbol, Miss Forman, Miss Krogh, Miss Krogh, Miss Balstorom, Miss Barrelet, Miss Petersen, Miss Bournonville, Miss Wettrach, Miss Sorensen, Miss Carsteus, Miss Bygum, Miss Kischheimer, Miss Thaustrup, Miss Lund, Miss Johnsen, Miss Nielsen, Miss Meyer, Miss Munch, and Miss Saxild.

## FRANCE.

Fraternal Delegates from the Administration Generale de l'Assistance Publique, Paris—M. Andre Mesureur, Chef du Cabinet du Directeur de l'Administration Generale de l'Assistance Publique, Paris; M. Enjolras, Directeur, Mme. Jacques, Directrice de l'Ecole des Infirmieres; Miss G. Procope, Professor of Massage, Salpetriere Hospital, Paris, and seven pupils of the school.

Mme. Alphen Salvador, Founder and President of l'Association pour le developpement de l'assistance aux Malades, and of the Nursing School in the Rue Amyot, Paris; with her will come Mlle. Bord and Mlle. Delaage; Mlle. Chaptal, Organizer of the Maison-Ecole d'Infirmieres, Privees, Rue Vercingetorix, Paris; Mme. de Kerveguen, Member of Council, la Societe de Secours aux Blessees, Croix Rouge; and Secretary of the Educational Department; Mlle. Flourens, l'Union des Femmes de France. Also Mlle. Duchamp and Mlle. Dufflot, from the Dispensaire Gratuit, Marie Amelie, Croix Rouge.

Dr. Lande, Membre du Conseil Superieur de l'Assistance Publique; Mlle. Hamilton, Docteur-en-Medicin; Mme. Kreigk, Journaliste, attachee a la Garde Malade Hospitaliere; Mlle. Elston, Vice-Présidente du Conseil Nationale Francais des Directrices des Hopitaux; Directrice, Hopital du Tondu; Mlle. Irasque, Sous-Directrice; Mlle. Bos., Pupil Nurse, representing the

school; Mlle. Roullet, officially appointed by the Minister for War to represent Army Nurses; Mlle. Siegrist, Directrice of the Departmental Maternity School, and Secretary of the Conseil National Francais des Directrices des Hopitaux.

#### GERMANY.

Attending the Congress in addition to the official delegates: Sisters Amalie Borsum, R. N., Ellen Schopfwinkel, R. N., Felicitas Thoma, R. N., Katharina Ochs, R. N., Kate Kesau, R. N., Lisbeth Krause, R. N., Grete Muller, R. N., Kathe Dyck, R. N., Cacilie Wolff, R. N., Anna Reussner, R. N., Minna Sommerfeld, R. N., Hedwig von Wietersheim (Matron), R. N., Helene Freitag, R. N., Emmy Schlimpert, R. N., Olga Pichert, Gertrud Zimmermann, R. N., Hermine Egli, Lilly Lewald, R. N., Martha Oesterlen, R. N., Emile Reinhardt, R. N., Margarete Marks, R. N., Elisabeth Schulze, R. N., Elisabeth von der Planitz, R. N., Victoria von Huene, Elise Mackle, R. N., Luise Loppnow, R. N., Berta Pohl, R. N., Frieda Werner, Jenny Jacobson; Emma Ampt, probationer, and Florence Heasmann, probationer, German Nurses' Association; also Sisters Regina Jacobi, R. N., Anni Flessa, R. N., and Adele Kovert, R. N., who are not members of the association.

#### HOLLAND.

Fraternal Delegates from the Netherland Bond of Nurses of the Sick—Lady F. van Panthelcon, Baroness von Eck, Matron of the Wallon Hospital, Leyden; Miss G. Reeling Bronwer, Member of Executive Committee; Miss C. C. J. Wernink, Matron of Ziekenverpleging, Prinsengracht, Amsterdam.

#### ITALY.

Attending the Congress—Princess Doria, President of Committee in Rome for new Nursing School.

#### JAPAN.

Fraternal Delegate from the Red Cross Society of Japan—Miss Take Hagiwara, Head Nurse at the Central Red Cross Hospital. Decorated with the Seventh Order of the Crown for her services in the Chino-Japanese war. Received war medals and a sum of money from the Government in recognition of her services in two wars, and the Officier d'Academie Decoration from France in recognition of her services during the Boxer trouble in China.

#### NEW ZEALAND.

Attending the Congress—Miss Sybil Maude, First District Nurse in New Zealand.

#### NORWAY.

Attending the Congress—Miss Camille Struve and Miss Marie Yoys, Head Sisters at the Kommune Hospital, Bergen.

#### SWEDEN.

Fraternal Delegates—Miss Therese Tamm, representing the Sophia Home, Stockholm, Estrid Rodhe, Certified Nurse, Secretary to the Committee, Editor of the Swedish Nurses' Journal; Walborg Nordin, Certified Nurse, Matron-Assistant, Sophia Home; Charlotte Cederstrom, Certified

Nurse, representing the Red Cross Society; Elsa Andersson, Klara Andersson, Masha Beskow, Elin Bjorlin, Helena Carleson, Signe Edman, Gertrud Ericson, Hermine Falk, Marie-Louise Flygare, Mary Israelson, Signe Hellman, Elisabeth Hellstrom, Tina Hellstrom, Inga Hennig, Maja Huss, Ingrid Jons-son, Astrid Kaijser, Helga Kassman, Emma Kruse, Elin Linder, Emmy Lindhagen, Agda Meyerson, Elsa Nilson, Kerstin Nerdendahl, Jane Noren, Alice Rettig, Thea Rydberg, Ragnhild Stahle, Anna Unger, Astrid Wessel, Baroness S. Wrangel, Mrs. K. Lundin, Miss E. Dickson. With the exception of the three last-named ladies and Miss K. Anderson, and Miss H. Kassmann, the delegates are either members of the Sophia-Home at Stockholm or the Red Cross Society.

#### SWITZERLAND.

Fraternal Delegate from "La Source" Training School, Lausanne, Mlle. Jacqueline Rutgers, formerly Directrice of Petronella-Zendings Hospital, Djocjacarta, Java.

#### UNITED STATES OF AMERICA.

Fraternal Delegate—Mrs. H. D. Stone, Graduate, St. Luke's Hospital, New York, representing the Spanish-American War Nurses.

Attending the Congress—Miss Mary Packhard, Miss Sarah Martin, Baltimore; Miss Emma Le Van, and Miss L. A. Giberson, University of Pennsylvania Hospital; Miss Ehrlicher, Superintendent, German Hospital, New York; Miss Edith Krausse, Visiting Nurse Society, Philadelphia.

#### Chairs and Speakers.

The Lady Helen Munro Ferguson, Lady President, Home Committee, Lady Minto's Indian Nursing Service; Member, Advisory Council, Territorial Force Nursing Service.

Mrs. Kildare Tracy, Hon. Secretary, Irish Nurses' Association; Lady Superintendent, City of Dublin Nursing Institution, Dublin.

The right Hon. R. B. Haldane, K.C., M.P., Secretary of State for War.

Medical Practitioners—The following members of the medical profession will read papers at the Congress: D'Arcy Power, Esq., F.R.C.S., Surgeon to St. Bartholomew's Hospital, London; Dr. Robert Jones, Resident Physician and Superintendent, Claybury Asylum; Dr. Robert Sevestre, Assistant Physician, Leicester Infirmary; Dr. Emmeline M. Stuart, Medical Missionary, Ispahan.

The Rev. E. F. Russell, Chaplain-General of the Guild of St. Barnabas for Nurses.

Miss Beatrice Kent, Member of the National Council of Trained Nurses of Great Britain and Ireland.

The Hon. Albinia Brodrick, Member, National Council of Trained Nurses of Great Britain and Ireland.

Miss E. Margaret Fox, Matron, Prince of Wales' Hospital, London, N.

Mrs. Martha Allen, Delegate of the United States Government to the International Congress on Alcoholism.



## LADY STEWARDS.

Congress Halls—Chief Steward: The Hon. Albinia Brodrick; Mrs. Andrews, Miss E. L. C. Eden, Miss Faber, Miss Hulme, Miss Metta Saunders, Miss Janet Stewart.

The Exhibition—Chief Steward: Miss B. Kent, Miss Carson Rae, Miss Cherry, Miss Macvitie.

## THE MEETINGS.

The success of the International Congress of Nurses, the pleasure of those nurses who were fortunate enough to be present, the warm welcome and delightful hospitality which they enjoyed, are now matters of history and both the success and the enjoyment must have surpassed even the bright anticipations frequently expressed by ourselves and others. Not an untoward event marred the gathering, in spite of the efforts of Mr. Sidney Holland, the *Advocatus Diaboli* of Registration, who really did much more good than harm. No more effective incident could have been devised by the friends of Registration than the remark made by Mr. Holland that he had met an old friend in the audience who was in uniform, though not a trained nurse, and the appearance of the Hon. Albinia Broderick immediately after, who informed the audience that Mr. Holland was quite right in saying that she was an old friend, but wrong in saying she was not trained, as she was both trained and certificated and further, that she hoped the audience would judge from this how much dependence was to be placed on Mr. Holland's remarks. It would not be suitable for us to "hit a man when he is down" and we will therefore content ourselves with quoting what our distinguished contemporary, *The British Medical Journal*, says, and then draw a veil over Mr. Sidney Holland, at least for the present:

"Mr. Sydney Holland, who read a paper in opposition to State registration of nurses at the International Congress of Nurses this week, expressed his regret at the differences of opinion on the subject; but he was, we think, inclined to exaggerate their extent and prevalence. The opposition to the movement, such as it is, is voiced chiefly by himself, and but for his persistence there would probably by this time be entire unanimity on the subject. It is true that he has been indirectly connected with nurses for a good many years past, and we have no doubt of his genuine devotion to what he regards as the interest of nurses; but, after all, he is only acquainted with one side of the question, and it cannot be forgotten that a good many training schools such as that which he represents have perhaps something to lose by the introduction of registration. On the other hand, there is no reason to suppose that they know any more about the subject than do those who desire to see registration introduced; and resolutions to that effect have been passed over and over again by the British Medical Association, a body composed of men thoroughly acquainted with all sides of the subject, and with the difficulties which the present condition of affairs creates. They regard it as fair to nurses that that status should be conferred upon them, and believe that it would be accompanied by great advantages to the public. A special committee of the House of Commons has taken the same view after a prolonged inquiry, at which full weight was given to the views expressed by

Mr. Sydney Holland and his colleagues in the matter. It is perfectly true, of course, that a registered nurse will not necessarily be a perfect nurse, but at least, medical men and the public alike will have some kind of knowledge of the persons who offer themselves for employment. They will know that a nurse who is registered has been educated in nursing matters up to a certain standard, and is not a woman of no education whatever. Furthermore, a machinery will have been created by which nurses unfit for their occupation will eventually be winnowed out. The opponents of registration continually argue that not only knowledge, but capacity, is necessary to make a good nurse, but though this is perfectly true, it is not a characteristic of nursing only. It is a feature common to practically every recognized occupation in the world; but as regards nurses it is at present difficult not merely to find out whether a nurse is a good nurse, but even whether she is a nurse at all."

From our own correspondent, from the *Metropolitan Daily Press*, and especially from *The British Journal of Nursing*, and other esteemed contemporaries of the British nursing press, we have obtained accounts for the benefit of our readers which will, we hope, serve to give some idea of this, the greatest gathering of nurses ever held. We add also some mention of the hospitality extended to the members of the Congress, and a brief statement of the chief exhibits shown.

The inauguration of the Congress was dignified, impressive and heart-stirring. Badges, uniforms, color, the strains of music, above all the atmosphere of interest, unity, professional pride and enthusiasm made the moment of opening Congress one never to be forgotten. The scene was the large hall of the Church House, which was filled.

The essential idea for which the International Council of Nurses stands is self-government of nurses in their associations, with the aim of raising ever higher the standards of education and professional ethics, public usefulness, and civic spirit of their members. It does not stand for a narrow professionalism, but for the full development of the human being and citizen in every nurse which would enable her to bring her professional knowledge and skill to the many-sided service that modern society demands of her.

Mrs. Bedford Fenwick, in the presidential address, said it should be the ambition of every member of the Council to closely study economic conditions, and to take an active part in social life. They should aspire, in conjunction with the medical profession, to hold a watching brief for the national health, remembering always that a nation is only forceful in so far as it is morally and physically sound. It was their good fortune that, while others concerned themselves with matters of high policy, and might have recourse to force of arms, under no circumstances could the sick and wounded be their enemies. War to the death could not affect the primary duty of the trained nurse; wherever the sick had need of them it was their duty to serve them, and they could do so the more effectively because there was no nationality in nursing, the skill required by trained nurses was identical, so that they would open their Congress with a discussion upon "The International Standard of Nursing Education." A profession of such fine ideals and far-reaching influence must be formed of the finest human material. They needed the

very flower of womanhood to maintain these ideals. In the near future she predicted that only those could hope to excel in the profession who possessed refined and cultured breeding, a liberal education, vigorous physical energy, noble qualities of mind, deep well springs of human sympathy, gracious manners, a sensitive public spirit, and a splendid conviction of right. It was not sufficient that a nurse should be the instrument for the relief of suffering; she must also be the harbinger of its prevention. (Cheers.) She would proclaim that health and happiness were synonymous, and would teach fearlessly that the well spring of life must be pure—to contaminate it a crime; and that the life-giving elements are the common rights of the community. (Cheers.)

Reports of Federal Councils were then presented. That for Great Britain and Ireland was presented by Miss Isla Stewart; that for Germany by Fraulein Agnes Karll, President of the German Nurses' Association; and that for the United States of America by Miss Annie W. Goodrich, President of the American Federation of Nurses. The American delegates presented bouquets to Mrs. Bedford Fenwick and Miss Isla Stewart, and tendered an official invitation to them to become honorary members of the American Federation. Miss Stewart then presented a bouquet to Miss Goodrich, and the National Anthems of America and England were sung.

Mrs. Fawcett conveyed the greetings of the International Women's Suffrage Alliance. She believed that their aims were essentially the same. They were aiming at the elevation of the status of nurses, while her Alliance sought nothing less than the elevation of the whole of womanhood throughout the world. If she might put it in Stock Exchange language, they sought to raise the "stock" of women to par. (Laughter.) In this country it was below par, and they wished to raise it—even to a premium. (Laughter.)

The Presidents of incoming associations were then severally presented and welcomed, each being presented with a bouquet and the organist playing the National Anthem of each country as the President was received. Nurses' associations from Holland, Finland, Denmark and Canada were each formally admitted.

Fraulein Agnes Karll was unanimously elected Hon. President for the next five years. She said that she would wish her first act to be to propose that greetings should be sent from the Congress to Miss Florence Nightingale, O.M. (Loud cheers.) The motion was carried with acclamation. Miss L. L. Dock (America) and Miss M. Breay (Great Britain) were re-elected Hon. Secretary and Hon. Treasurer respectively. It was decided to alter the rules so that the conferences will in future be held triennially, and it was agreed to hold the next Congress at Cologne in 1912.

Mrs. Hampton Robb (America) moved a resolution in favor of compulsory State registration of nurses. The Hon. Sydney Holland (Chairman of the London Hospital) rose in the body of the hall and asked whether those who were not members of the Council, who opposed compulsory State registration, and who thought that was not a representative conference—(hisses)—would have an opportunity of stating their views. Mrs. Bedford Fenwick replied that Mr. Holland would have his opportunity to-morrow

(Tuesday), when the Congress itself meets. Miss Dock asked Mr. Holland why, if that was not a representative body of nurses, he should be so anxious to put his views before it. (Laughter and cheers.) The resolution was carried unanimously.

A resolution in favor of the granting of the Parliamentary franchise to women was also carried with two dissentients.

Short speeches were then delivered on the conditions of nursing in their various countries by Dr. Anna Hamilton (France), Miss Amy Turton (Italy), Miss Therese Tamm (Sweden), Miss Cavell (Belgium), Miss Jacqueline Rutgers (Switzerland), and Miss Edla Wortabet (Syria).

Perhaps the warmest greeting of the day was reserved for Miss Take Hagiwara, the fraternal delegate from the Red Cross Society of Japan. She was beautifully dressed in Wedgwood-blue Shantung, and a large black hat with feathers and effective touches of dull green. She wore many decorations and medals, as, indeed, she could well do, for she holds the seventh Order of the Crown for her services in the Chino-Japanese War, whose medal for that campaign and for the Russo-Japanese War she also possesses, while she has a high French decoration for her services during the Boxer risings. She has prepared a paper on military nursing in Japan, of which Miss Lavina Dock read a summary, mentioning that in Japan there are 1,400 Red Cross nurses, who have been taught all that is best in English and American nursing, as well as a complete system of field service and ethics to guide them in military service. Miss Hagiwara does not speak much English, but through a Japanese gentleman accompanying her expressed her pleasure at coming to England, and her hope that she should be able to see some of the military hospitals here.

The formal opening of the Congress took place on the next day, July 20th, when Mrs. Bedford Fenwick was in the chair and Miss Isla Stewart, Matron and Superintendent of Nursing of St. Bartholomew's Hospital, extended a cordial welcome to the delegates, and said that the essential spirit of the International Council was that of self-government. Nurses now began to realize that the period of tutelage was past, and that they were capable of governing themselves, and she urged that the highest point of a profession was only reached when the members of it did govern themselves.

"Education and Registration" was the subject for discussion, and a paper on "The International Standard of Nursing Education" was read by Mrs. Hampton Robb, Past President of the American Society of Superintendents of Training Schools for Nurses, who declared that nursing was an art which should be cosmopolitan, since in its practice it was without creed or country, and was governed by the same law for rich and poor. She advocated a nursing Esperanto, in order to secure more easily a uniform method of working, and in the interests of and for the protection of the public urged that there should be State registration, which, though it could not wholly create a standard, would at the present moment go a great way towards making one. The discussion was opened by Miss Tamm, who strongly condemned the practice of some hospitals which received probationers in order to save expense, rather than out of any interest for the training of the nurse.

The Hon. Sydney Holland (Chairman of the London Hospital) expressed himself as strongly opposed to State registration, and he contended that the conveners of the Congress were not representative of nursing opinion in this country, which was by no means unanimous on this question. As proof he produced a protest against registration signed by the Central Hospitals Council, representing the leading hospital men in London, by 67 matrons of London and 175 of provincial hospitals, and 1,325 nurses, none of whom were represented at that Congress. He denied that registration would abolish the evil of untrained women, wearing the uniform of and posing as nurses; it would only make it an offence for a woman to call herself a registered nurse when she was not.

In the course of the subsequent discussion Miss Goodrich (New York) expressed pity for the 67 London matrons who opposed registration, and raised the question as to whether a certificate once granted by a hospital in England could be withdrawn. Mrs. Bedford Fenwick asserted that it could not.

The President announced that the Lord Chamberlain wished the Congress to be informed of the special interest that the King had taken in the visit of the delegates to Windsor Castle next Saturday. The invitation had been extended beyond the original 240, and his Majesty had given instructions that special facilities should be granted. He had specially singled out the Canadian delegates by permitting them to place a wreath on the tomb of Queen Victoria with an inscription expressing their loyalty and devotion to the Crown. (Applause.)

Although the Congress does not meet to pass resolutions, a motion was put and carried asking the Executive Committee of the International Council to form a Standing Committee for International Education to meet at the triennial gatherings.

The afternoon sessions were held at Caxton Hall. In the Council Chamber a large meeting discussed the question of "The Nurse in Private Practice," under the presidency of Mrs. Kildare Treacy, Honorable Secretary of the Irish Nurses' Association and Lady-Superintendent of the City of Dublin Nursing Institution. Papers were read putting respectively the doctor's view, the patient's view, and the nurse's view, by Mr. D'Arcy Power, F.R.C.S., surgeon to St. Bartholomew's Hospital; Madame Alphen Salvador, founder and President of the Training School for Nurses, rue Amyot, Paris; and Miss Beatrice Kent. Dr. Power paid a high tribute to the standard of British nursing, and said they wished these ideals to spread throughout the world. For this reason he would like to see the private nurse, recruited from the very best candidates, and those from the higher rather than the lower social grades. He spoke strongly against nurses marrying their patients, a practice which, though probably capable of proper explanation, was always open to suspicion, like the doctor or the lawyer receiving financial benefits from his late patient or client. In her paper Miss Kent strongly attacked the sweating of private nurses attached to some hospital staffs, and urged that the proper system of private nursing was the co-operative one, though some of the co-operative institutions themselves were far from blame-

less. They required a nurses' defence union for more purposes than one. Mrs. Bedford Fenwick declared that the old idea that the hospital private nurse was superior would have to go. Other speakers pleaded for the nurse being relieved from the anxiety of care for her daily bread, Miss Therese Tamm urging that in that respect she ought to be on the same footing as the soldier.

"School Nursing" was discussed by a section of the Congress in the smaller hall. M. G. Mesureur, Directeur de l'Administration Generale de l'Assistance Publique, Paris, gave an interesting account of the work of the pupils of the school for nurses in some of the primary schools in that city; and Miss Dock (New York) stated that the outcome of the work of nursing in the public schools of her city would be the establishment of a special dispensary for children. Dr. Rose, of the Education Department of the London County Council, spoke of the value of the open-air school, which was one of the tangible results of medical inspection, and said the province of the nurse in the open-air schools was going to be much more important and extensive than it was in the ordinary schools. One part of the nurse's work there would be to bring about an aesthetic condition of eating.

On Wednesday, July 21st, "The Nurse as Citizen," was the subject.

In opening the Session, Lady Helen Munro Ferguson, who presided, said:—It seems to me that the great success of this Congress is proof of the growing self-realization of the nursing profession, while the solidarity of its members is shown in the fact that nurses have come here from all parts of the civilized world to compare their experiences and to note the promise and progress of their work as it unfolds itself in the various countries they represent. And in doing this I think there are two special points which they will find they have every reason to congratulate themselves upon. The first is the remarkable and varied development of nurses. Fifty years ago there were no trained nurses even in our hospitals. To-day we find them in every institution where the sick are nursed—in hospitals and private houses, in our schools and in our prisons. We see them lecturing for County Councils and for health societies; we see them doing administrative work; we see them doing pioneer work among the settlers in the far West of Canada, or helping to fight against those climatic diseases which harass our countrymen in the tropics. The quality of the trained nurse has improved a hundred per cent., and the training has been extended and intensified, and whereas a generation ago it was not necessary to know much of the practical and still less of the theoretical side of her work, to-day nurses are expected to have an intimate knowledge of the scientific side of nursing. They have to attend many lectures, pass innumerable examinations, and many of them take a splendid course in domestic economy, and other subjects having only an indirect bearing upon their work.

Then the second point on which you are to be congratulated is that, while with the expansion of industry and the growth of organization, the work of many bread-winners has become so specialized that many spend their whole lives doing one monotonous process or some uninspiring work,

your horizon has been set back. New fields of work have been opened out for you, whilst the intellectual interest of your work has increased with every advance in medical and surgical knowledge, and on the social side your opportunities have increased and with them your responsibilities also. Thus, while so many workers have to fight against the contraction of character, with impoverishment of soil, which comes through the narrowed scope of their work, you nurses can rejoice that every quality which you possess can be brought into play, and that your sphere of usefulness may be just as extended as you like to make it every hour of your day, and may be fruitful in self-development. This is important from the point of view of citizenship which we are considering to-day, for though it is true that every individual who lives worthily, however narrow his sphere, is contributing to the good of the State and borough, the most useful citizen will be the one who brings the greatest amount of capacity to bear on the greatest number of opportunities.

From the point of view of personal satisfaction, there can be no comparison. It is as if to one was given to sound one note, and always the same note, in the harmony they never hear, and to the other is given the whole keyboard and the privilege of striking through it any melody they choose. Of course, it is possible for nurses also to harp always on the same note. We can all resign our opportunities; but, if she will, it is given to the nurse to lead the conscious citizen life without stepping outside her professional sphere and whilst following the round of duty in one of the many lives that have opened out to her.

The great enlargement of the quality of the trained woman worker and this great expansion in her sphere of usefulness, has not taken place without a great change in the outlook of nurses, and a great many other people.

In the old days, when public affairs meant practically foreign affairs, no woman either hard worker or leisured individual, ventured to intrude on the demesne which was pointedly labelled, "No admission for women, criminals, and idiots." Though that ancient legend still hangs over the principal entrance into public life, its wording has become obsolete and useless, because the demesne is no longer isolated. It has opened out and spread till it covers every province in life, and until public and private affairs are practically indistinguishable. To illustrate this I need only remind you that in this country only last year, fireguards and cradles were introduced into every house in the country by the action of Parliament. It is obvious that in spite of recent events, which many of us greatly deplore, it is not the women who are forcing themselves on the State, but the State which has forced itself on the women, and taken possession of our health.

Under the circumstances it has been impossible for women to remain in the old allotted groove. Under the passive elements they have developed civic consciousness and had endless opportunities of satisfying it, more perhaps than we can quite make use of.

No one now suggests that the whole duty of women is to sit by the hearth and bake cakes, and the problem of the future is how she is adequately to fill the larger sphere and yet at the same time not allow those cakes to

get burned as happened upon the only recorded occasion when man endeavored to combine the consideration of public affairs with that domestic art.

But with you nurses there is no such problem; your public work has the first and only call upon your time and attention, and that work is of the utmost importance to the State, for its chief aim is to fit others to become equal to and to make the most of their chances and opportunities, to use your professional skill and that personal influence which you can exercise, whether in hospital or in the private home, under such extraordinarily favorable circumstances, so as to increase the physical and moral efficiency of every human being to whom you minister. As you know, progress has two sides—one the improvement of environment and opportunity, and the other the improvement of the individual, so that he or she may be able to make the most of the increased possibilities of life.

During the last fifty years we have made great progress in the first direction. Obstacles have been cleared wholesale from the path of the individual; houses, towns, villages have been rendered more healthy; the conditions of labor have improved; leisure has increased; education, amusements, and libraries have been placed within the reach of all, and in this direction our speed shows no sign of slackening. It is, therefore, all the more important that in the other direction, the improvement of the individual, progress should be equally rapid, and it is in this connection, which I think we may describe as the tougher job, that you nurses can do so much.

In the first place, there can be no greater obstacles to the usefulness of the individual, or to his power of making the most of life and opportunity, than bodily infirmity. As illness is a great deal more impartial in its incidence than modern budgets, it often happens that it is the lives which might be most valuable to their country which are impaired by physical infirmity. It is, therefore, always of great importance to the community that these ineffectives should be reduced to a minimum; that disease and infirmity should be responsible for no mute, inglorious notes, and it is to this end that your work contributes, whether it takes the form of school nursing, preventive work in schools, or of teaching in the district, and obviating any permanent damage to the human machine. But, of course, the nurse does much more than this. As a social worker—and I believe there is no social work that equals that of the district nurse, as she strengthens the bonds of society where they are weak, and she is, I believe the only perfectly jointed link between the leisured and richer classes and the poorer and more unenlightened ones—it is often through her alone that the poorer homes of this country are brought into contact with culture, refinement, and a higher standard of civilization. And yet, because she enters these homes as a working woman, because her superiority is disguised by her working dress, because her invidious attacks on ignorance, unhealthy conditions, and moral inertia, are masked by her professional work, and rendered acceptable by relief, hope, and sympathy, she has unrivalled opportunities of fulfilling her mission and helping the individual to rise to the level of his opportunities. And in all this work I need not tell this audience that the nurse is helped immeasurably



by belonging to a great profession which has already gathered around it the noblest traditions of public service. And yet it is only within recent years that nurses have developed that professional conscience. Even now, there are hundreds of nurses who take no interest in the larger interests of their profession, and who feel no responsibility for its corporate welfare. Such nurses are not living the full citizen life, for they are neglecting the way by which their individual and collective usefulness may be enhanced. You cannot delegate to anybody else the duty of maintaining the prestige of your profession, on which so much depends, or its standard of training. Everyone else, even the managers of our great training schools, have other interests to serve, other persons to consider, and you cannot trust the public; they have not the knowledge to make them an authority on the subject. Besides many of them are convinced adherents of the born nurse theory, and believe in the direct inspiration of medical and surgical knowledge. If you want to achieve what other professions have won, to set landmarks between yourselves and all other qualified persons who have not entered your profession, you can only do it by securing the loyalty and active co-operation of every one of your members. You have too many vested interests, too many superstitions, too many prejudices to overcome to tolerate any drones amongst yourselves.

Now, it is obvious that if the nurse is to be equal to all the calls upon her as a citizen, as a sister, as a social worker who is a member of the profession, she must be a very exceptional individual, and, if that is not possible, she must, at any rate, do her utmost to cultivate every faculty she possesses. This is not easy for any of us, but at any rate the nurse need never be discouraged by that which checks some people, that when they have developed their every gift they will find no field for its exercise. A nurse can never bring too much skill and understanding and capacity to her work, and every addition to her general knowledge, every interest she cultivates, every intelligent observation she makes on social phenomena will make her a better nurse and a more valuable citizen. There can be no doubt of this, that every social worker, every one who puts her fingers into the machinery and interferes with the lives of others even for their good, should at any rate do her utmost to try to understand their world, its trend and tendency, so that her influence may constantly reinforce all those who are asking for social betterment. Finally, a nurse should never allow the professional interests in a case, still less the round of trivial or lowly duties, to efface from her mind the larger aspects of her purpose, of her work. When she ministers to the poorest old chronic, let her see herself representing that common brotherhood which binds society together; when she struggles for the eyesight of one poor fretful baby, let her see herself fighting for national efficiency. Then her thought will be not how unimportant is her daily work, or how limited are her opportunities, but how tremendous are her responsibilities, and her prayer will be: "Help me, my God, my boat is so small, Thy ocean is so large," and she will be lifted far above the humble and sometimes unlovely offices she performs to realize her comradeship with every worker and thinker who has served her time and generation.

As President of the Session, Lady Helen Munro Ferguson then called upon the reader of the first paper, and, in the regretted absence of Miss Nutting, Professor of Domestic Science at Teachers' College, Columbia University, Mrs. Hampton Robb presented the paper prepared by her on "Preparation for Institutional Work."

Miss Nutting pointed out that in America there is a constant demand for nurses to take charge of hospitals, to organize and direct them, and there is much difficulty in securing properly qualified candidates. The positions are not unfrequently filled by women who are good nurses, but who are neither administrators, in any adequate sense of the word, nor teachers, in any sense of that word, who lament their lack of definite preparation for a post which in even the smallest hospital is important and responsible. It should not be necessary for any young hospital Superintendent to begin her arduous career so untaught in the domestic side of her work as to cause her to write wildly back to her Alma Mater for information as to the cost of sheets, towels, and other similar articles, for points as to quality and quantities in purchasing, for details as to marking ink, or the particular kind of soap used in the laundry.

The preparation of nurses for these various responsibilities ought not, Miss Nutting said, to be a difficult or costly matter. The scattered and unused opportunities in the household and administrative departments of our hospitals would, if gathered together and welded into a carefully and logically arranged course of study and training, form a valuable part of such a preparation. These departments, with their daily routine, and equally with their daily emergencies, form an almost perfect laboratory for such practical training, and little would be required to convert them into valuable teaching fields, the need of which is clearly seen.

The first essential would be highly trained and competent heads of each of these housekeeping departments, capable of organizing the work to admit of student assistants; and the second would be the teaching spirit, the desire to pass on to others, accumulated stores of knowledge, every useful working detail wrung out of years of practical experience—a spirit which sees in such methods of teaching not a possible disturbance of cherished routine and system, but a great future good for our hospitals. No mere apprenticeship in any of these departments without careful systematic training will be suitable for our purpose.

### **The Nurse Among the Poor.**

Mlle. Chaptal, Directrice de la Maison Ecole des Infirmieres Privees, Paris, presented an admirable paper on this subject. Work amongst the poor might, she said, be divided into several sections:—(a) Hygiene, pure and simple, with prophylaxis; (b) help to the poor, mothers and infants, tuberculous patients, etc., through dispensary work; (c) district nursing in the homes of the poor. However great the zeal of a nurse to be of use, she will be compelled to take up one of these branches only. Though prevention is better than cure, prevention cannot accomplish everything and therefore assistance must help and almost always follow, in every kind of useful and effective work amongst the poor.

But prevention is the essential duty. By hygiene and prophylaxis morbidity and mortality can be lessened in a striking proportion. Thus, in a Paris slum tuberculosis and infantile mortality were rife up to 1900. From that time there had been a considerable decrease; thus, in 1900 the mortality from tuberculosis was 90.9 per 10,000, in 1907 it was 50.2. The infantile mortality in 1900 was 15.1 per cent., in 1907 10.7. This striking result has been attained from the work of a nurse.

Miss Chaptal said that when, some ten years ago she began to teach hygiene to the poor, she was rather alone. Now her pupils work with her, all helping in turn in the dispensaries, and two trained nurses doing district nursing, completing the work of the consultation by going to the homes to carry out the treatment prescribed by the doctor, for consultations for consumptives, and for mothers and infants were started in that slum.

On the vexed question of payment, Miss Chaptal contended that those who want the help of the dispensary most are those who really cannot afford to pay for it, but they pay for it in other things than money. You expect them to learn hygiene, and then to make their homes better. In this wise you get from them better conditions for the town you live in, and asking and getting, said Mlle. Chaptal, would you give nothing in exchange?

At all these consultations much depends, said Mlle. Chaptal, on the nurse or nurses in charge. In district nursing a nurse will always find a large field for her work among those for whom she is the incarnation of good.

The President of the Session said she thought the meeting should give Miss Chaptal a special vote of thanks for reading her paper so strikingly in a language which all could understand. She added she was asked to explain that the title "Social Service Work" was not the title of a particular paper, but covered all the papers written about the new kind of work which is being undertaken by nurses.

### **Social Work in Germany.**

Sister Minna Sommerfeld said that the foundation of nearly all the religious institutions were more owing to social needs than to nursing itself. The care of the poor, of prisoners, of fallen women, however, had often to be neglected because of the terrible distress of the sick. The care of the parish poor was still almost entirely in the hands of religious associations, though, unfortunately, they cannot nearly meet the increasing demands.

Social work for nurses (as it is called) on preventive lines is gradually opening up to German nurses, though the effect of the charitable work of religious communities has been to induce societies to undervalue the nurse's service, so that nurses cannot always afford to undertake these lines on the conditions offered them.

(To be continued.)

## THE VICTORIAN ORDER OF NURSES.\*

Madam Chairman, Ladies and Gentlemen:—The Victorian Order of Nurses has become so intimate a part of the national life of Canada, that it is difficult to think of the country without such an organization. For a proper understanding of this Order, it is necessary to look back some twelve or thirteen years, so as to realize somewhat the importance of the service rendered by it, the many-sidedness of that service, the rapidity of its growth, and the extensiveness of the work which is still to be done by the members of this Order—work which can be done most effectively by these specially trained women.

The world is growing better, people are beginning to realize that they do not live unto themselves alone, that it is necessary to know how the other half of the world is living, and to see to it that they do their part to make that *modus vivendi* as near the highest ideals as possible. And one of the most important manifestations of this altruistic tendency of the present age is to be seen in the stupendous impetus that has been given of late years to the care of the sick poor in their own homes. District nursing, visiting nursing, instructive visiting nursing, has been known and practised for many years in the old lands. In this newer land, it is a comparatively new work.

Now, let us glance for a few moments at the kind of women we need for this all-important service, and to find that out we should look at the work a district nurse is called on to do, and where the field of her labor lies. The district nurse is called on to minister in the homes where poverty is known in its varying degrees, all more or less distressing. She may have to give treatment to a desperately sick patient, in a house where there is no fire, no hot water, often, indeed, no cold water. Sickness is bad enough, but add to it pinching poverty and the cup of distress is nigh full to overflowing. The nurse who is to cope with such a case must have exceptional qualities of body, heart and mind. She must be thoroughly trained, ready for every emergency, for often she is called upon to grapple with Death himself to rescue some sufferer from his grasp. She must, too, be calm and unruffled, and, though her heart be stirred to its very depths by the scene before her, she must not reveal her emotions. Sweet, human sympathy must be there, must influence all her actions, but unconsciously, a presence, not seen but felt. There must be no loathing for the sordid surroundings, no repugnance at the dirt and squalor around her, for all such feelings are a waste of nervous energy, all of which is needed for the relief of the sufferer. In short, we want as district nurse a perfect woman, nobly planned, according to Wordsworth's beautiful definition. Given a band of such women, sent forth throughout the world to do their work, what more could this poor, tired old world need! And it is toward just such work, toward just such ideals, that every District Nursing Association is striving, be it in the Old Land, in the United States, or in this Canada of ours.

Now, besides the actual work the district nurse does, as nurse, there is another side to her service, which is of much farther reaching importance

\* Presented at the International Congress of Women Workers, June, 1909.

than the purely professional side. I speak of the instructive side. A district nurse is teaching all the time, by precept and by example. A poor, discouraged mother, with a large family, sees the nurse go about, doing this thing and that, making the baby clean, rosy and contented, who before was bedraggled and fretful, and all that, too, just by means of a little soap and water, a few clean clothes, and the deft touches of the nurse. She takes heart and makes up her mind that life is not so very hard after all, when baby is not fretful, and, unconsciously, she sets herself the task of doing what the nurse did, because she wishes for the results. Then, too, the young girls in a family look to the nurse in uniform as something above the ordinary, and district nurses know what splendid little helpers some of these become, with just a little teaching. How much, too, is done in instilling into the minds of the people amongst whom we work, the blessedness of fresh air and cleanliness! Had there been good district nurses from the beginning of our history, it is safe to say tuberculosis would not have spread to such an extent as it has. This is true of all contagious diseases. The district nurses teach, simply and carefully, day in and day out, nay, year in and year out, the rules for preventing the spread of infection. Again, if district nurses had done nothing, but their work among infants, they would deserve a meed of praise. The high infant mortality, especially in our cities, is a sign of the dense ignorance of the mothers in the care of their little ones. Where is the district nurse who has not been horrified at the way helpless infants are fed? Fruit and vegetable juices, beer, soups of all kinds, milk, more or less clean, more or less rich, are given to babies of a few weeks old and upwards; no regularity in feeding, no regulation as to quantity—the child is fed whenever it cries! The simple instruction as to the preparation of the milk, and why those injurious foods should be omitted is given. The nurse prepares the milk, explaining each step to the mother, who afterwards tells all about it to her circle of friends, who watch and see how the baby fares, and so the good influence goes on.

The work of the visiting nurse in the public schools, which has only begun in Canada, promises to work wonders in the field of preventive treatment and to make many important changes in the attendance of the pupils.

There is a side of district nursing which is often overlooked. We have dwelt on what the nurse gives out, now I should like to dwell for just a moment on what she takes in. To enter a home where the mother lies ill, her hair matted, her bed hot, linen soiled and crumpled, and to set to work and straighten out that bed, comb and smoothe the dishevelled hair, bathe and rub with alcohol the poor, tired, hot body, put on clean linen, smooth and white and sweet, and then to see the look of contentment, thankfulness and peace settle on the erstwhile weary face—nothing I know of can equal the thrill of satisfaction that passes through the nurse, when she sees that beautiful reward of her labors. She could at that moment move mountains! Then, too, the nurse's sympathies are broadened, she is brought into close contact with all the problems and tragedies of life and she has to take her place in relation to them. She, also, sees how the poor help one another. It is one of the most illuminating features of district nursing, to see the help of the

almost destitute one for the one who is in suffering need. The unquestioning help that is given is an excellent sermon on charity.

Now, up to the year 1897 there were in Canada two classes of people for whom no provision was made in time of sickness. Those who could afford to have a private nurse in their homes were all right, and those who could go to the hospitals, when there were hospitals near them, were all right. But there were outside those two classes, first, those who were too poor to have a private nurse and could not go to the hospitals for various reasons, and second, the large class of people who could and would pay something, but were not able to pay the private nurse's fee—moderate though that fee is—nor could they accommodate an extra person in their homes. For years those needs had gone on unheeded, but in 1897, when all the loyal subjects of the late beloved Queen Victoria were planning suitable memorials to commemorate her Diamond Jubilee, the happy thought came to Lady Aberdeen to found an order to do for Canada what the Queen's Jubilee nurses had been doing for the sick poor of the British Isles for some years, with this important difference, however, that not only the very poor should be looked after, but that the people of moderate means, as well, should be cared for in time of sickness by trained nurses at a moderate cost. So the Victorian Order of Nurses was founded, under royal charter, and the objects set forth. It is, firstly, to supply nurses, thoroughly trained in hospital and district nursing, and subject to one central authority, for the nursing of the sick who are otherwise unable to obtain trained nursing in their own homes, both in town and country districts; secondly, to bring local associations for supplying district nurses into association by affiliation with the Order, which bears Her Majesty's name, and to afford pecuniary and other assistance to such local associations; thirdly, to maintain, as a first necessity, a high standard of efficiency for all district nursing; and fourthly, to assist in providing small cottage hospitals or homes. District nursing is, as you see, the most prominent object of the Order, and provision is made for the careful, practical training of graduate nurses in the special branch of district nursing. The Order is a national district nursing society, and to it belongs the privilege and responsibility of setting and maintaining high standards for all district nursing in the Dominion.

The machinery is very simple. There is one central authority, the Board of Governors, consisting of five appointees of the Governor-General, who is the patron of the Order, of representatives from each local association, and from the medical associations, both provincial and Dominion. Thus it may be seen that the managing board is very representative. Each local association, be it in Cape Breton, or in British Columbia, has a close tie with the central board at Ottawa, and I may add here that this idea of a central authority is what gives uniformity, strength and power to this magnificent organization.

At first, the work of the Order was practically confined to district nursing, the cottage hospitals existing only in connection with such nursing centres. But, in the year 1900, owing to Lady Minto's efforts, a large sum of money was collected to further the hospital side of the work, and this

finally settled into a fund known as "The Lady Minto Cottage Hospital Fund," and it is from the interest on this fund that grants are made from time to time, to assist in the building of small hospitals in localities where such assistance is needed. So, from that time on to the present, the twofold scheme has gone on, side by side—the hospital and the district nursing.

The Order is now in its twelfth year and already there are twenty-three districts and sixteen hospitals under it. We have branches from ocean to ocean, in every province except only Prince Edward Island. The past year the statistical reports showed that the Victorian Order nurses had cared for 10,724 patients, the district nurses having made 79,670 visits, 2,252 of which were night calls. It is interesting to compare these figures with those of three years ago, showing 10,724 patients against 8,040, and 79,670 visits against 42,403.

The tendency, up to the present time, has been for the hospitals to grow up in the west and north, the districts in the settled parts of the east. But the new development just inaugurated in the work of the Order will doubtless make a change in this, and in a few years the chances are that there will be as many districts in the north and west as in the eastern parts of Canada. At the last annual meeting of the Board of Governors, a resolution was carried desiring the Executive Council to take such measures as they may deem proper to carry out the provision of the royal charter, as regards the establishment of district nurses in country districts, and that this new development be called "Lady Grey's Country District Nursing Scheme." The needs for nursing care of the many settlers in the new parts of the Dominion, especially of the women, are many and pressing, and it is the duty and privilege of this Order, the only national nursing organization, and an organization founded on such broad, practical and altruistic principles, to supply for those people in that land of extensive distances, that nursing care which the Victorian Order nurses are best fitted to give. The field is a large one, the work is extensive and will need much thought and care, but we hope in time that trained nurses will be supplied for all, that little nursing centres will be dotted all over the prairies, the foothills and the mountains, and that these nurses will be the nurses of this new era, strong in heart and mind and body, patient, bright and sympathetic, who will carry healing to the depressed, the weary and the sad, and who will know that they have reaped the greatest reward when the women and children of the plains rise up and call them blessed, for are they not better, stronger and happier because these Victorian Order nurses have tarried a while with them!

Meanwhile, new districts are being opened up in the settled parts, new hospitals built, aided by the Order, the old districts are growing stronger, branching out into new paths, and the hospitals, which began as small institutions are developing into important educational factors. In the larger cities, the idea of the central home, where all the nurses live, is giving place to the resident-nurse idea—the nurses living in their own districts, among the people to whom they minister. This introduces the fundamental idea in settlement work, which must permeate every district nursing organization, if it is to do its fullest, most effective work. The greatest need this poor, old, tired world

has is for a friend, and it is because settlement workers have recognized this fact that their work has been so successful. The nurse is there to be a friend in the full and beautiful meaning of that term, to those who need her.

And now I should like to give, in a very few words, some points about the work in the remoter parts of the Dominion. You will have an opportunity of hearing from representatives of the various city districts, so I shall not take up your time to consider them. Away up on the beautiful shores of Vancouver Island, 130 miles north of the city of Vancouver, is found one of our busiest and most needed hospitals. This is Queen's Hospital, Rock Bay. The building is owned by the British Columbia Mills and Lumber Company, the hospital is financed and managed by the Columbia Coast Mission, and the nursing is looked after by the Victorian Order. The staff consists of one doctor and two nurses, and the patients are brought from the logging camps for miles around, by the hospital mission boat. This hospital can accommodate twenty-two patients, and is one of a chain of hospitals doing excellent work among the loggers, under the Columbia Coast Mission.

In Vancouver we have a district with two nurses, one of whom attends also the City Hall cases and dispenses relief. This branch has its own nurses' home and should be one of the best branches in the Order. The city is growing very rapidly and the work of the Order is bound to grow with it. Then, too, the suburbs will have to be looked after, and we hope that some day the work there will justify us in establishing a training home in Vancouver to supply candidates, from whom we may fill our vacancies in the West. The possibilities of this Pacific city are great, and we hope the Vancouver Branch will rise to them and make of the Order there what it should be.

Coming east, we reach Revelstoke, shut in by the glorious mountains, and here we have one of our most satisfactory hospitals. It has a good board, actuated by high ideals and the results have been an excellent service for a very large area. This hospital accommodates twenty-five patients, and the nursing is done entirely by graduates, the board having very wisely refrained from attempting to train nurses. Under the same society is managed the little emergency hospital at Arrowhead.

Another little hospital of fifteen beds is doing good work in Kaslo, in the beautiful Kootenay country. And in Fernie we have a district. A Victorian Order nurse had been doing splendid work in Fernie under the Ladies' Benevolent Society for some six months when the disastrous fire of last August broke out. After that trying time, the Central Board came forward and offered to support a nurse there for six months. So the same nurse, Miss Andrews, with her little black bag, one of the few things saved from the fire, started out on October first to make her rounds in that city of tents and shacks, and many words of praise have come to us for the help and comfort she was to many a sufferer, during that most distressing time. At the end of the six months, the Ministerial Association of Fernie offered to pay two-thirds of the expense of a nurse, the Ladies' Benevolent Society willingly paying the remaining one-third.

In Lundbreck, Alberta, the pioneer nurse of Lady Grey's Country Dis-



trict Nursing Scheme has begun work, and very satisfactory reports have already been received from her.

Indian Head, Melfort and Yorkton, all in Saskatchewan, have good hospitals, doing satisfactory work for their several localities.

In Manitoba we have three hospitals, at Shoal Lake, Swan River and Minnedosa, and a district, with two nurses, at Winnipeg.

In Ontario, we have hospitals at Thessalon, Copper Cliff, North Bay, New Liskeard and Almonte, and districts employing from one to nine nurses in Fort William, Gravenhurst, Toronto, Hamilton, Brantford, London, Stratford, Galt, Kingston, Brockville and Ottawa.

In Quebec, there is a district in Montreal, with its thirty nurses, and in Lachine.

In the Maritime Provinces, we are well represented by districts in St. John, Halifax, Yarmouth, Truro, Sydney, Baddeck, and Canso. You will hear details of the work in most of these, but I wish to say that in the little districts of Baddeck and Canso, the Victorian Order nurses are appreciated probably more than in any other part of the Dominion. The nurses in those places combine continuous and visiting nursing, are called on in all times of trouble, and that call is never in vain.

And Labrador—cold, bleak, forbidding to some, not so to those who labor there. For from that coast come the brightest, sunniest letters. Miss Mayou, our Victorian Order nurse, has been working at Harrington, under Dr. Grenfell, since 1906. She not only looks after the patients in the hospital and along the coast during the Doctor's long absences, but also has night school for the men and lads, sewing classes for the girls, and nursing talks and demonstrations for the women, and last winter she and Mrs. Hare, the Doctor's wife, taught basket-making and singing. And that gives in barest outline only a part of the work which is being done by hundreds of nurses in different parts of the world at the present day. This age demands as nurse an all-round woman, and every nurse to-day must have the missionary spirit, would she do her most effective work in this world of workers.

And now I must draw this already too lengthy paper to a close. There are many interesting details I must necessarily omit in this brief statement of this very extensive organization. In the slums, in the homes of the workingman, in school work, in the logging camps, in the western parts of the Dominion, on the prairies, and in the mining camps, from where the soft breezes of the Pacific fan the fevered brow of the hewer and chopper, to the cold, forbidding shores of Labrador, the Victorian Order nurses are working, and wherever they have been the testimony goes forth that their service has been a beneficent one.

And so, looking backward to twelve years ago, how gratifying it must be to those among you who had that far-seeing faith in the Victorian Order idea when it was first launched forth on the sea of experiment, and who saw, with prophetic eye, what this beautiful organization was to be for the fair Dominion of Canada.

M. MACKENZIE,

Ottawa.

Chief Lady Superintendent V. O. N.



Part of one of the sessions of the International Congress of Women was devoted to the Victorian Order of Nurses. A paper on the order, as a whole, was presented by the chief superintendent, after which short, interesting accounts of the work in Toronto, Brantford, London, St. John and Halifax were given by Miss Eastwood, Mrs. Schell, Mrs. Boomer, Mrs. McLellan and Mrs. Dennis. At the close, Lady Aberdeen made a very happy little speech, expressing her great pleasure at the growth of the Order, wishing it continued success and sending hearty greetings to all the branches.

The Committee of the Toronto Branch of the Victorian Order tendered Lady Aberdeen a reception, during the Congress. The Toronto Home was very gay with bunting and flowers. Mr. D. R. Wilkie, the president of the Toronto Branch, in a neat little speech gave a resume of the work in Toronto. Lady Aberdeen replied and was very enthusiastic in her congratulations.

While in Ottawa, en route to Toronto to attend the International Council and the Quinquennial Congress, Lady Aberdeen, accompanied by Sir Wm. Thompson, visited the Victorian Order Home in Somerset Street. The Home was tastefully decorated, and as Her Excellency was leaving, she was presented with a basket of roses by Miss McCutcheon, on behalf of the nurses. Lady Aberdeen, with her usual graciousness, thanked the nurses for their kind thought.

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## The Guild of

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## Saint Barnabas

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### CANADIAN DISTRICT

**MONTREAL**—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 6.15 p.m. Last Tuesday Holy Communion at R.V.H., 6.15 p.m.

*District Chaplain*—Rev. Arthur French, 158 Mance Street.  
*District Superior*—Miss Stikeman, 216 Drummond Street.

**OTTAWA**—The Cathedral, First Monday.

*Chaplain*—Rev. Canon Kitson, the Rectory.  
*Local Superior*—Miss L. C. Wicksteed, 494 Albert Street.

**TORONTO**—St. James' Cathedral Rectory, last Friday, 8 p.m.

*Chaplain*—R. v. Canon Edward A. Welch, St. James' Cathedral Rectory.  
*Local Superior*—Mrs. Welch.  
*Secretary*—Miss Maud Roger, 5 Howland Ave.

For several reasons the Montreal Branch of the Guild did not hold its annual festival this year on St. Barnabas Day as usual. The festival was held on Tuesday, June 8th, when the district superior, Miss Stikeman, though on the eve of sailing to spend the summer in England, kindly invited the members to tea, and the meeting was much enjoyed by those present, including the chaplain, the Rev. A. J. Doull, associate priest, four honorary members, nine members.

On St. Barnabas Day, June 11th, there were celebrations of the Holy Communion at the Church of St. John the Evangelist and at the Church of the Advent, Westmount. The anniversary office was said at the Church of St. John the Evangelist immediately after the celebration.

Nurses who were present at one of our meetings, held in the chapel of the Royal Victoria Hospital in February, 1906, when the Right Rev. the Bishop of Vermont, who had come to Montreal for the purpose, gave the address, may like to know that the substance of this address, which has since been delivered on other occasions, has recently been published, as a pamphlet, by the Young Churchman Company, Milwaukee. The subject of the pamphlet, "Pain and Suffering: Their Place in the World," is of special interest to nurses and to all who have to do with those who have been drawn into the "great sanctuary of suffering."

## My Scallop Shell of Quiet

**G**ive me my scallop-shell of quiet,  
My staff of faith to walk upon,  
My scrip of joy, immortal diet,  
My bottle of salvation,  
My gown of glory, hope's true gage;  
And thus I'll take my pilgrimage.

Blood must be my body's balmer;  
No other balm will there be given;  
Whilst my soul like quiet palmer  
Travelleth toward the land of Heaven;

My soul will be a-dry before,  
But, after, it will thirst no more.

—*Sir Walter Raleigh.*

### The Gentleness of God.

**W**E wonder sometimes that when God is so great and terrible in majesty, that He uses so little violence with us who are so small. But it is not His way. His way is to be gentle. He seldom drives; but draws. He seldom compels; but leads. He remembers we are dust. We think it might be quicker work if God threatened and compelled us to do right. But God does not want quick work, but good work. God does not want slave work, but free work. So God is gentle with us all—moulding and turning us many a time with no more than a silent look. Coarse treatment never wins souls. So God did not drive the chariot of His omnipotence up to Peter and command him to repent. God did not threaten him with the thunderbolts of punishment. God did not even speak to him. That one look laid a spell upon his soul which was more than voice or language through all his after life.

God may be dealing with us in some quiet way just now and we not knowing it. So mysteriously has all our life been shaped that we scarce believe it to have been the hand of God at all. But it is God's gentleness.

—*Henry Drummond.*

# The Canadian Nurse

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VOL V

TORONTO, SEPTEMBER, 1909

NO. 9

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## Editorial

### THE INTERNATIONAL COUNCIL AND CONGRESS OF NURSES.

The London meeting, so long looked forward to, has come and gone and left us all the better and stronger for it, both those who were happy enough to be present, and those who through them or through their efforts have received a share of the benefits of the Congress. It is perhaps too soon to sum up all the effects of its work, for these will be far-reaching and not at once apparent, but we may at least say that it has vindicated the dignity and importance of the profession, helped its working power, defined more clearly its policy and added to its unity by perfecting its organization and increasing the affection which the members feel for one another. It has declared for state registration, for the parliamentary franchise for women, for improvement in professional education, in the status of mental nursing, in the care of prisoners and in the attention given to morality and public health. It was a great congress and will long be remembered.

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### THE CANADIAN NURSE AT HOME.

We have at present one piece of advice to give our readers. We have a good wish for them, and we feel as if we had something to share with them.

It comes out of what our eyes have seen and our ears have heard since we confided the last piece of corrected proof into the hand of our trusted printer and adjured him to get the August number out early and send many copies of it to our address in Winnipeg.

The Great West, with its boundless resources, its kind and charming people, its endless beauty and variety and sublimity of scenery, fills our thoughts. Our sympathies have been widened to include a character whom we have always despised and held contemptible, namely, the man who makes love to every pretty girl he sees, because we know now how he feels. Every city in the West is like a pretty girl with all her charms upon her and her life before her, so full of chance and change and progress and good fortune and great destiny. And every one we came to—Winnipeg, Regina, Calgary, Edmonton, Vancouver, Victoria—plunged us deeper in love, with part of our heart left behind at every leave-taking.

Exactly like the Queen of Sheba in one respect and exactly unlike her in another, we sit down in our little office again and look critically at the point of the editorial pen to see if it will write again. Like the Queen of Sheba in that the half has not been told and unlike her in that, so far from having no more spirit left in us, we are full of spirit as we never were before—the

real Canadian spirit. The Canadian needs, not only to live in Canada, but to see Canada and see how other Canadians live.

The nursing profession in the West is going to do its part in making Canada. Ontario, Quebec and the Maritime Provinces have no time to lose if they are going to keep up with them in matters for the general good of the profession such as legislation and general organization. In the West, there are nurses from all over Canada, from Great Britain, from Greater Britain, from the United States, all preparing to work together, and all, judging from the large and representative gatherings which we were privileged to see, worthy representatives of a profession with great opportunities and a great mission. We have but one thing more to say before we try to express our thanks and that is the piece of advice. Save up your money for vacation time and go and see the Great West of Canada. No one can tell you about it. If you are a Canadian, you should see it for yourself.

We cannot thank, with any words of ours, the nurses and their friends who received us, who listened to us, who thought for us and with us, and made our way outgoing and homecoming so happy and so successful. But of them all, who made it impossible for us ever to forget their hospitality, far more themselves, we venture to take leave in the eloquent words of Horace:

"Felice ter et amplius,  
Quos irrupta tenet copula, nec malis  
Divulsus querimoniis  
Suprema citius, solvet amor die."

## Editorial Notes

### Great Britain.

**The Training of Nurses in Colonial Hospitals.**—In the House of Commons, Mr. Boulton asked the Secretary of State for War why colonial training in large general hospitals was not accepted for the Queen Alexandra Imperial Military Nursing Service. Mr. Haldane said that his friend had been somewhat misinformed. Colonial training was accepted under the same conditions as training at home. It depended, however, on the opinion of the Nursing Board whether any particular nurse training institute attached to a hospital was accepted for recognition.

### Holland.

**English Hospitality.**—The following letter, from one of the Dutch delegates, has been received by the editor of "Nursing Notes": "During the Jubilee Congress of District Nursing recently held at Liverpool, we Dutch delegates had ample opportunity of appreciating English hospitality, and of admiring the gift this most practical nation possesses of organizing everything, I should almost say, to perfection. Some of us were paying our first visit to Liverpool, and there was just a flutter of uncertainty as to how we should be housed and find our way in the unknown city. But all fear vanished: for in the train and on the cars, in the homes where we were so kindly entertained, or at the magnificent receptions given us, as well as at the Congress itself, this principle seemed to reign supreme: make yourself quite at home. This was also the wordless message Her Royal Highness Princess Louise, Duchess of Argyll gave to every delegate she so kindly condescended to speak to. Is it therefore not quite natural that a Congress under such auspices and management was bound to be a success, and that we on returning to our country not only felt benefited by valuable information gained, and refreshed by pleasant interchange of thought, but that we also felt stirred to bring more than ever into practice in our own work and ways, everything that is conducive to make our lives and the lives of others, happy, beautiful and practical."

### Scotland.

**The Scottish Nurses' Association.**—A meeting summoned by the promotional committee was held on Tuesday, 6th July, and was well attended, and at this meeting it was decided to form "The Scottish Nurses' Association." The objects of the association are: (1) to obtain a state registration of nurses by a single portal system for the United Kingdom, and extended, if possible, to the British Empire, the nurses to be admitted to the register (a) after three years' regulated training in recognized hospitals' schools, and (b) after having passed a state examination conducted under the auspices of a central board at suitable centres; (2) to raise and regulate the standards of education and training of nurses. All nurses who approve of these objects are eligible for membership. Sir William Macewen is president, and Miss M'Neillie, Princess Louise Hospital, Roseneath, was elected secretary.

# Official Department



Queen Alexandra's Imperial Military Nursing Service.  
The Canadian Permanent Army Medical Service (Nursing Branch).  
The Canadian Society of Superintendents of Training Schools for Nurses.

The Canadian National Association of Trained Nurses.  
The Association of Hospital Superintendents of Canada.  
The Canadian Nurses' Association.  
The Manitoba Association of Graduate Nurses.  
The Graduate Nurses' Association of Ontario.  
The Victorian Order of Nurses.  
The Guild of St. Barnabas for Nurses.  
The Brockville Graduate Nurses' Association.  
The Collingwood G. and M. Hospital Alumnae Association.  
The Calgary Graduate Nurses' Association.  
The Edmonton Graduate Nurses' Association.  
The Ottawa Graduate Nurses' Association.  
The Fergus Royal Alexandra Hospital Alumnae Association.  
The Galt General Hospital Alumnae Association.  
The Guelph General Hospital Alumnae Association.  
The London Victoria Hospital Alumnae Association.  
The Kingston General Hospital Alumnae Association.  
The Montreal General Hospital Alumnae Association.  
The Montreal Royal Victoria Hospital Alumnae Association.  
The Ottawa Lady Stanley Institute Alumnae Association.  
The St. Catharines General and Marine Hospital Alumnae Association.  
The Toronto Central Registry of Nurses.  
The Toronto General Hospital Alumnae Association.  
The Toronto Grace Hospital Alumnae Association.  
The Toronto Graduate Nurses' Club.  
The Toronto Hospital for Sick Children Alumnae Association.  
The Toronto Riverdale Isolation Hospital Alumnae Association.  
The Toronto St. Michael's Hospital Alumnae Association.  
The Toronto Western Hospital Alumnae Association.  
The Winnipeg General Hospital Alumnae Association.  
The Vancouver Graduate Nurses' Association.

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## ALUMNAE ASSOCIATION, TORONTO GENERAL HOSPITAL.

President—Lucy Bowerman, 349 Sherbourne St.  
First Vice-President—Ida Beam, 728 Spadina Ave.



Second Vice-President—Annie Hartley, T.G.H.

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For the year ending October 15th, 1908.

Officers for 1908-09: Miss Barnard, President; Miss A. Clarke, 1st Vice-President; Miss L. Adams, 2nd Vice-President; Miss A. Robertson, Recording Secretary; Miss B. Goodhall, Corresponding Secretary; Miss M. Wilson, Treasurer; Miss M. Gray, 505 Sherbourne St., Secretary for "Invalid Cookery"; Misses M. Haley, E. Jamieson and M. Ellrington, Directors; Miss J. Hamilton, 608 Church St., Convener of General Business Committee; Miss Sales, Miss McQuaig and Miss J. Gray.

## QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE

### Postings and Transfers.

#### Sisters.

Miss M. O'C. McCreery, to Military Hospital, Cottonera, Malta, from Military Hospital, Valletta.

#### Staff Nurses.

Miss M. A. Wilson Green to the Alexandra Hospital, Cosham, from the Queen Alexandra Military Hospital, Millbank, London.

Miss A. C. W. Teevan, to Military Hospital, Chatham, from Cambridge Hospital, Aldershot.

Miss N. R. McNeil, to Cambridge Hospital, Aldershot, from Military Hospital, Chatham.

Miss M. H. Graham, to Military Hospital, Colchester, from Cambridge Hospital, Aldershot.

Miss K. A. Broade, to Cambridge Hospital, Aldershot, from Military Hospital, Colchester.

**Appointments Confirmed.**

**Staff Nurses.**—Miss E. B. Levay, Miss S. F. Davies, Miss E. C. E. Lindsay, Miss M. Kearney, Miss E. D. Lang, Miss M. A. Roe.

C. H. KEER,  
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**THE ALUMNAE ASSOCIATION OF THE COLLINGWOOD GENERAL  
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Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the board room of the hospital.

**THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.**

**Officers 1909-10.**

President—Mrs. Currie.

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Treasurer—Miss Mary Gray.

Recording Secretary—Miss Julia Stewart.

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Board of Directors—Miss Brent, Miss Matheson, Miss Potts, Miss Muldrew, Miss Barnard, Miss Neilson, Miss McNeill, Miss Jameson, Miss Wardell, Miss Donnelly, Miss Rogers, Miss Kennedy, Miss Irvine.

The following are the names of the new members accepted at the last annual meeting: Miss Mary L. Anderson, Toronto Western Hospital; Miss Margaret Borthwick, General Hospital, Guelph; Miss Elizabeth M. Dodds, City Hospital, Hamilton; Miss Laura Gilmore, G. and M. Hospital, St. Catharines; Miss Lydia Good, G. and M. Hospital, St. Catharines; Miss Maude M. Isaac, Hospital for Sick Children, Toronto; Miss Margaret D. Kelman, G. and M. Hospital, St. Catharines; Miss Lucy C. J. McCuaig, Hospital for Sick Children, Toronto; Miss Edith C. Nisbet, Hospital for Sick Children, Toronto; Miss Julia O'Connor, St. Michael's Hospital, Toronto; Miss Jessie Wallace, G. and M. Hospital, St. Catharines.

Miss Alice J. Scott and Miss Jewison have been appointed on the Editorial Board of the "Canadian Nurse" as representatives of the G. N. A. O.

## Hospitals and Nurses

Miss Agnes Wilson of Ottawa has completed with honors her course of training in P. C. H. and will practise in Ottawa.

Miss Eleanor Hannah and Miss Agnes Wilson, P. C. H., received their diplomas September 3rd, 1909.

The prize-winners in the P. C. H. bandaging contest were Miss Wilson and Miss M. Godwin first, and Miss Hannah second.

Miss E. V. Austin, lady superintendent of P. C. H., has just returned from a trip on the upper St. Lawrence and Great Lakes, having had a very enjoyable time, visiting Detroit, Cleveland, Toledo, Niagara Falls, Toronto, Duluth, etc.

On the evening of June 30th, twelve young ladies were formally presented with diplomas and gold medals, as graduate nurses of St. Joseph's Hospital. They were as follows: Miss K. C. McDonnell, Miss Alice Woodard, Miss Marion Atmore, Miss Martha O'Neill, Miss Mildred Friend, Miss Gertrude Connor, Miss Kathleen Fallon, Miss Mae Kelleher, Miss Kathleen Durkin, Miss Irene Simpson, Miss Florence McKay, Miss Mae Coughlin. The presentation took place on the verandah of the nurses' home, in the presence of several hundred friends who were seated upon the extensive lawns which surround the home. The verandah was beautifully decorated with bunting, Chinese lanterns, and marguerites in the colors of the school, yellow and white. Rev. Father Aylward, rector of St. Peter's Cathedral, acted as chairman and presented the diplomas. Rev. Father Valentine, chaplain of the hospital, presented the gold medals.

Among others present were Rev. Father Tobin, Rev. Father O'Neill, Rev. Father McKeon, Rev. Father West, Rev. Father Quinlan, Rev. Father Ford, and Rev. Father Lowery, and Dr. Hadley Williams, who were all seated upon the platform. Letters of regret were received from Vicar-General Meunier and Mayor Stevely, who was absent from the city, but with his usual kind thoughtfulness and generosity, forwarded to each of the graduates a beautiful gold pencil.

The nurses marched out upon the platform to the music of the Italian Orchestra, followed by the nurses of the school, all of whom joined in the "Welcome Chorus" of the graduates. A very pleasing programme was then rendered. Among the most enjoyable numbers were the duets by Mr. Forsyth of Norwich and Mr. Kinsey of Brampton. The most picturesque feature of the evening's entertainment following the presentation of the diplomas and medals, was the presentation of the flowers, tributes from the nurses' friends, who also received many telegrams of congratulation from friends and grateful patients in different parts of the Dominion. The flowers were presented by twelve little girls dressed in white, with wreaths on their heads, who tripped in laden with flowers and singing a pretty little greeting to the graduates. Three times had this to be repeated to complete the bestowal of the bouquets. This exercise won the most enthusiastic plaudits of the audience.

Miss Kate McDonnell of Watford was the "valedictorian," and gave a

very clever address, to which Dr. Hadley Williams replied, congratulating and complimenting very highly the graduates and especially St. Joseph's Hospital for its excellence. The new national chant, "O Canada," rendered by the school, brought the evening's entertainment to a close.

On the evening of June 29th, 1909, were held the second graduating exercises of the Training School for Nurses, in connection with the Moose Jaw General Hospital, in St. Andrew's Church, on which occasion four nurses received their diplomas and pins, viz: Miss S. Vrooman, Tuxford, Sask.; Miss G. Armstrong, Peterborough, Ont.; Miss F. Ashworth, Moose Jaw; and Miss W. Edwards, Clarence, Ont. Miss Vrooman as gold medalist gave the valedictory. Mr. Knowles, M.P., presented the diplomas, Mr. Dorrell the pins and the president of the board the gold medal. As each graduate received her diploma she was presented with two beautiful bouquets given by the Ladies' Aid and one of the doctors. Dr. Radcliffe gave an address to the nurses which contained many words of good advice. After a musical programme had been given refreshments were served and a pleasant evening was brought to a close. The first graduating exercises were held in November, 1907, when one nurse, J. A. Gibson, received the diploma and pin. She is now holding the position of assistant superintendent in her alma mater. At that time there were seven nurses in training and now there are ten, so the growth of the hospital may be seen by that. We have also increased the accommodation considerably and have purchased a nurses' home, so that we think we have reason to be proud of our nurses and the hospital in this prairie city.

Many of the graduates of former years attended the graduation exercises at St. Joseph's Hospital, London, on the evening of June 30th, among whom were: Mrs. Tighe (Alice Flynn, '05), Mrs. Cheney (Miss Edna Walsh, '06), Mrs. Thompson, '06, Miss Leavitt, '06, Miss McKnight, '07, Miss Hunt, '07, Miss Henry, '07, Miss Butler, '07, Miss Tuckey, '07, Miss Steele, '06.

Miss Ella McDonnell, '06, who has been successfully following her profession at Champagne, Ill., visited her alma mater during her vacation in August.

Miss Eva Henry, '07, Miss Louie Flood, '07, and Miss Maude Roche, '08, are following their profession in Chicago.

Miss Maude Baye, '07, is nursing in New York.

Miss Mary Hoy, '08, has accepted a position in a private hospital in Detroit, Mich.

Miss Hunt, '07, Miss Woolson, '08, Miss Condon, '08, Miss Barry, '08, Miss Woodrow, '06, Mrs. Thompson, '06, are all nursing in London and are very successful in their nursing career.

The following nurses graduated from the Guelph General Hospital in April last: Misses Brooking, Caldwell, Richardson, Marian Richardson, and Patterson, all of Guelph, Miss King, Kincardine, Miss Krupp, New Hamburg, and Miss Grainger of Walkerton. A case of instruments was given to Miss Brooking by the Nurses' Alumnae Association, for highest standing in the graduating class.

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The annual meeting of the Alumnae Association of Guelph General Hospital was held in the General Hospital on the afternoon of July 6th, with a fairly good attendance and some new members added to the association. The officers of last year were re-elected. President, Mrs. A. Anderson; Vice-President, Mrs. Douglas; Secretary-Treasurer, Miss Walker; Corresponding Secretary, J. E. Anderson. When the business had been transacted, Dr. McKinnon read a paper on "Tuberculosis," which was much appreciated by all present. Afterwards, doctor and nurses were kindly entertained by Miss Smith, lady superintendent.

Miss Elizabeth Stewart, graduate of the G. G. H., is home for a three months' holiday, from Atlantic City.

Miss Blythe (V. G. H.) has resigned her position as night superintendent at the Minor Hospital, Seattle.

Miss Rodd (R. V. H.), assistant superintendent of the Vancouver General Hospital, has resigned. Her post will be filled by Miss Beharrel (V. G. H.), late charge nurse of the Isolation Buildings V. G. H., who is enjoying a well-earned vacation in the east this month.

In spite of the inclemency of the weather a large and representative gathering of the citizens of Niagara Falls assembled in the City Hall on May 10th, 1909, to participate in the first graduation exercises of the Training School for Nurses in connection with the General Hospital. The auditorium had been beautifully decorated for the occasion by the members of the Ladies' Auxiliary. Miss Rogers, the superintendent, with Misses Brown and Hanna, the graduating nurses, occupied the front seats, surrounded by the other members of the training school. Mr. Alexander Fraser, Police Magistrate and chairman of the Hospital Trust, presided as chairman of the evening. An excellent musical programme was provided by the Misses Fallis and Reid and Mr. Garfield Gardner. Congratulatory addresses were given by the Mayor, Mr. R. P. Slater, Mr. Monroe Grier, K.C., and Drs. Wilson, Olmsted, Kellam and Walker, all of whom spoke in glowing terms of the excellent work being done by the hospital, while the members of the medical staff especially emphasized the abilities displayed by the young ladies just graduating. Mrs. Willox, president of the Ladies' Auxiliary, presented Miss Brown and Miss Hanna with the graduation medals, while Mr. Fraser made the presentation of the certificates. The young ladies were the recipients of numerous bouquets from admiring friends, which were graciously presented by Dr. Norman Walker, secretary of the Hospital Trust. At the conclusion of the exercises the ladies of the Auxiliary served ice cream and cake. This being the first graduation under the auspices of the new hospital, great interest was manifested, and the superintendent, Miss Rodgers, and the two graduates were the recipients of many congratulations, as well as more tangible expressions of good will, including a case of instruments and a cheque for \$25.00.

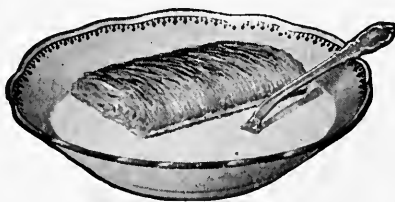
The delegates to the International Council of Women paid a delightful visit to the West, where Victoria proved the crowning point to a series of joys and surprises. The members of the Women's Council and others interested in social work who had the pleasure of meeting these ladies were

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unanimous in the opinion that a more delightful assemblage of intellectual and philanthropic women could not have been brought together under any other auspices. The reception at Government House gave ample opportunity for general intercourse and the proceedings were of an informal and social character, the Reception Committee being very active in their attempts to bring together those interested in the same subject. His Excellency and Mrs. Dunsmuir were most kind and all the arrangements for the physical and mental recreation of the guests were most thoroughly carried out. At the luncheon party which took place in the fine dining hall of the Empress Hotel, the refreshments for the mind as well as the body were most invigorating. Premier MacBride gave the opening address of welcome and of the speeches which followed it was hard to discriminate as to quality and interest. Each delegate was so characteristic in her remarks that the nationality could easily be guessed from the sentiments expressed and the general tone of her speech. When one realizes that some were making their maiden speeches and these in a foreign tongue, one could not but admire their pluck and ability; all were so beautifully natural and the entire freedom from self-consciousness should make some of us eager to follow their example. Certainly this meeting will be a constant source of retrospective pleasure and an omen of good for the future.

The annual graduating exercises of the Hamilton City Hospital took place on June 19th amid the usual attending festivities. John Billings, chairman of the Board of Hospital Governors, was in the chair. Speeches were made by Col. A. H. Moore, Canon Forneret, Rev. Dr. Fletcher, Rev. R. E. M. Brady, Mayor McLaren and several of the doctors. The members of the class are: Miss Jean L. Edgar, Hamilton; Miss Margaret Melrose, Galt; Miss Lillian Jean Tobins, Brantford; Miss Vivian E. Femby, Cairo; Miss Irene Elliott, Bolton; Miss Annie E. McDermott, Beeton; Miss Hannah B. McGregor, Grenfell, Sask.; Miss Carrie Dow, Hamilton; Miss Olive M. Holliday, Brooklin; Miss Blanche A. Emerson, Burlington; Miss Elma A. Gunter, Trenton; Miss Madeline Hunt, Woodstock; Miss Katherine Hudson, Hamilton; Miss Annie D. Beck, Sault Ste. Marie, Ont.; Miss May Brennan, Chesley; Miss Eloise Touchborn, Ida; Miss Lillian G. Armstrong, Woodstock; Miss Margaret E. Hagyard, Scotch Block; Miss Christina Kerr, Hamilton. In the evening an "At Home" was held at the nurses' residence when a number of friends of the graduating class passed the evening in dancing and the following added to the enjoyment of the evening: vocal solo, Mrs. (Dr.) McNichol; piano solo, Miss McGregor; vocal solo, Mrs. (Dr.) Mullin; violin solo, Dr. MacLoughlin.

Miss Jean L. Edgar, graduate H. C. H., has been appointed night supervisor of Sick Children's Hospital, Toronto.

Miss Margaret Walker, H. C. H., has taken a position as supervising nurse in the General Hospital, Neepawa, Manitoba.

Miss Asson is going shortly to the hospital at Whitehorse to take up her appointment as matron in charge. Miss Asson is a graduate of the Vancouver General Hospital. Miss John and Miss Ford, other graduates of



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Victoria, are assistant nurses in the operating room. Miss Wilson has gone east for her holidays and the other graduates are taking up private nursing in Vancouver.

Miss Mina Rogers, lady superintendent of Niagara General Hospital, is spending her vacation at her home, Hamilton Beach.

Misses Gladys Young and Martha Milne of Hamilton have gone to Portland, Oregon, for the summer.

Misses Storms and Hanham are at Atlantic City for a fortnight.

Miss Helen Kelly, superintendent Eye and Ear Infirmary, Washington, D.C., spent a few days with friends in Hamilton.

Miss Rodd, assistant superintendent of nursing at the Vancouver General Hospital, gave up her post early in August and will probably take up hospital work in California after a period of rest. Miss Behaud, gold medallist and formerly in charge of the Isolation Hospital, is nominated as her successor.

Dr. Whitelaw, who has been house surgeon for two years, has now been appointed medical superintendent at the Vancouver General Hospital.

Sister Frances, of St. Luke's Home, Vancouver, has been ordered complete rest and has gone to Bowen Island. Miss Flannigan, an English graduate who has also worked in Sydney, Australia, is in charge of the Home.

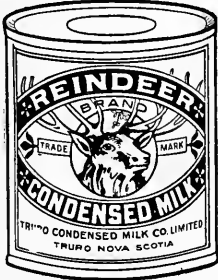
The Victoria Convalescent Home is to be given up as there is not sufficient demand for that form of sick nursing in a city like Victoria. Miss Hardie, Miss Saunders and Miss Maligan will take up private nursing again, for which they are in constant request.

Mrs. George Wheelock Burbidge announces the marriage of her daughter, Alice Eaton, to Mr. Rudolf Schumacher, on Wednesday, August 4th, 1909, at Holy Trinity Church, Winnipeg, Man. At home, San Pedro de Macoris, Santo Domingo, West Indies. Mrs. Schumacher is one of our most valued contributors and we all wish her joy with all our hearts.

Miss Annie Florence Lockhart, graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, has been requested to give a course in massage to the nurses in St. Stephens Hospital, St. Stephens, New Brunswick.

The new wards of the General Hospital at St. John's, Newfoundland, were opened last month with a dance and concert. At 9 p.m. the guests to the number of one hundred and fifty or thereabouts assembled and the evening began with a concert. Then the certificates, badges and prizes were presented by Lady Horwood and short speeches were made by Dr. Shea, the medical superintendent, Dr. Rendell, Canon Dunfield, and the Hon. John Harvey. Dr. Rendell spoke a few well-deserved words of appreciation of three of our hospital staff who have spent the greater part of their lives with us. Our male nurse, Mr. Taaffe, is still actively at work after thirty-eight years, and Miss Lizzie Morgan, who has filled in turn during thirty-seven years nearly every position in the hospital, is now in charge of the linen and

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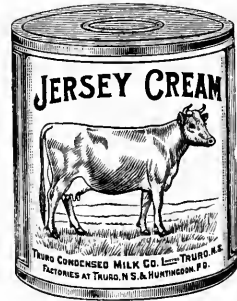


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sewing department. Johanna, as she is known to us all, was nurse when the hospital was "on the hill." That was almost three generations ago but she is still smart and makes herself useful in many ways, although no longer on the list of workers. The speeches over and the certificates presented, dancing began and was kept up until 2 a.m. The ward where the dance was held, as well as the supper room, was very prettily decorated by the nurses and the floor was delightfully slippery. The nurses who received certificates and badges were: Misses Bessie Rowsell, Clara Edgar, Annie Caslein, Alice Carey. The prize for anatomy and physiology presented by Dr. Shea was won by Nurse Rowsell. The prize for surgical nursing presented by Dr. Rendell was also won by Nurse Rowsell.

Miss Lillian Tobias, graduate of Hamilton City Hospital, class '09, has been appointed supervising nurse of the operating room in the General Hospital, Niagara Falls, Ont.

Mrs. A. E. Saunders, superintendent of the Red Cross Hospital at Cobalt, is enjoying a brief visit to England.

Miss Ethel Johns, of Winnipeg General Hospital, spent a very pleasant vacation with the Alpine Club at their official camp near Banff.

Miss Shaw, superintendent of the hospital at Upland, California, spent a pleasant visit at the home of Miss Jamieson, Macpherson avenue, Toronto, on her way to spend a vacation at her home in Nova Scotia.

There was an emergency hospital in charge of a physician and one of the nurses of the Calgary Graduate Nurses' Association on the grounds of the Provincial Fair at Calgary. A good many cases of accident and emergency were successfully cared for.

Miss Rutherford, secretary of the Calgary Graduate Nurses' Association, is at present enjoying a three months' holiday in the east.

A charming but quiet wedding took place on Wednesday, July 21st, at 5 p.m. at "Kilco Cottage," the summer home of Rev. Dr. and Mrs. A. B. Chambers, Riverdale, Toronto, when their third daughter, Florence K. Pearl, graduate nurse T. G. H., class '09, was united in marriage to Mr. Alexander Ernest Agret Stirling, of Robinson, Little & Co., Ltd., wholesale dry goods, Winnipeg. The ceremony was performed by the bride's father in the spacious assembly room which was beautifully decorated in honor of the occasion with flags and bunting and lighted by numerous colored Chinese lanterns. The bride was attired in a becoming white summer gown and carried bridal roses, and was attended by her sister Ruby, wearing a neat-appearing gown of pale pink mulle. Little Ruth Anglin and Kathleen Burns, nieces of the bride, made charming flower girls. The groom was supported by Mr. S. Kennedy Johnston, of the Provincial Land Titles Office, Winnipeg. The groom's gift to the bride was a beautiful and unique sunburst of diamonds and pearls, to the bridesmaid a ring of pearls and to each of the flower girls an engraved locket, while the groomsman was the recipient of a beautiful cameo scarf pin. After the ceremony, Mr. and Mrs. Stirling left for points of interest along the Georgian Bay before returning to their new home in Moosejaw, Sask.

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The Alumni Association of the Pennsylvania Orthopaedic Institute, Philadelphia, learned with sorrow of the sudden death of one of their graduates, Mrs. Mary T. Morgan, of Paterson, N.J. Mrs. Morgan graduated in mechano-therapy with the class of 1908 and was a graduate of the Paterson General Hospital, class of 1902. Mrs. Morgan leaves a daughter who is also a graduate nurse. Professionally and socially well liked, her loss is mourned by all who knew her. The following resolution was passed: Whereas, it has pleased our Heavenly Father to take her from us, be it therefore resolved, that we as an Alumni Association express our deepest sympathy to her daughter, and be it further resolved, that a copy of these resolutions be sent to her daughter, recorded in the minutes of our association and sent to the "Canadian Nurse." Frank B. Baird, M.D.; Irene N. Downs, Amanda M. Wilson, committee.

The engagement is announced of Miss Bowerman to Mr. Mill Pellatt of Toronto.

We are informed on good authority that the engagements of the superintendents of two of the leading hospitals of Ontario are shortly to be announced.

#### MARRIAGES.

Spence-Ward.—At St. Matthew's Church, Toronto, Ont., on June 28th, 1909, by Rev. Canon John Farncomb, M.A., rector, William G. Spence, of Mount Nimo, eldest son of Mr. Robert Spence, of Waterdown, Ont., to Gratia Bertha Ward, of Montreal, Que., daughter of the late Mr. George R. Ward, of Brockville, Ont., and granddaughter of the late Mr. S. B. Merrill, of Prescott, Ont. Mrs. Spence is a graduate of the Montreal General Hospital, class '93.

Wilson-Stone.—At Vancouver, B.C., August 4th, by the Rev. R. J. Wilson, Laura Stone (V. G. H. '09) to George C. Wilson, of the Caxton Canning Company.

Kenney-Kidd.—In Stratford, Ont., June 16th, Miss Elizabeth Kidd (graduate of P. C. H. class '07) to Mr. John Kenney of that place.

Miss Mae Fraser, assistant superintendent P. C. H., spent her vacation at Caledonia Springs and Norway Bay, and feels greatly improved.

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# The Nurses' Library

The Delineator for October contains answers to the question, "What is the Matter with the Churches?" by Cardinal Gibbons, Dr. Parkhurst, Rev. Dr. G. Hirsch, Gipsy Smith and others; and also "Improvements I Would Make in the Public Schools," by Twenty Superintendents, as well as a new story, "A Doctor of Medicine," by Rudyard Kipling. One can hardly do without the October Delineator.

The American Pocket Medical Dictionary. Edited by W. A. Newman Dorland, M.D. Sixth revised edition. Philadelphia and London: W. B. Saunders Company, 1909. Flexible morocco, gold edges, \$1.00 net; thumb indexed, \$1.25 net. Canadian agents, the J. F. Hartz Company, Limited, Toronto. W. B. Saunders Company, Philadelphia and London. This is a convenient and reliable pocket dictionary for nurses, quite up to date.

The thirty-sixth report of the Bellevue Training School for Nurses is an interesting publication. We observe that 186 nurses have taken post-graduate courses there, and that they have come from all parts of the United States, as well as from Denmark, Sweden, England, Scotland and Canada. One of the Canadian post-graduate nurses, Miss Georgie Rowan, a graduate of Grace Hospital, Toronto, was appointed assistant superintendent of nurses at Fordham Hospital.

The Pennsylvania Orthopedic Institute and School of Mechano-Therapy has begun the publication of a twelve-page journal, called the *Journal of Physiological Therapeutics*. The chief article in the first number is on Massage.

"School Gardening and Nature Study in English Rural Schools and in London," by Miss Susan B. Sipe, of the American Government Bureau of Plant Industry at Washington, is one of the most interesting reports we have seen for a long time. The school nurse, and indeed almost anyone, will read it with profit.

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# The Canadian Nurse

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## CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

### THIRD ANNUAL CONVENTION.

The third annual convention of the society was held at Victoria Hospital, London, on September 1st and 2nd, 1909, and it was the unanimous opinion of all present, including some of the superintendents who had just crossed the sea, fresh from the great Congress of Nurses in London, England, that in real enjoyment and practical benefit the convention in London, Canada, would bear comparison well with any similar meeting, and that few would excel it. All the members of the society feel that they are under a great debt of gratitude to the president, Miss Stanley, whose untiring and generous work enabled the superintendents to enjoy such a successful and profitable meeting. Special mention is also made by every one of the admirable demonstration on dietetics.

The president, Miss Stanley, presided and opened the meeting by requesting the Rev. Dr. Ross to pronounce the Invocation. Beside the president on the platform were Mayor Steveley of London, Mr. I. H. Heard, superintendent of Victoria Hospital, Mr. Sreaton, the treasurer, and Dr. J. D. Wilson. Mayor Steveley and Superintendent Heard delivered addresses of welcome which were eloquent and greatly appreciated by the members of the association, and another address of welcome, very cordial and pleasing, was that given by Mrs. Boomer, of the Local Council of Women, who concluded by inviting all the members to a reception to be held that evening at 8.30 in honor of the association by the Local Council of Women.

Dr. John D. Wilson then addressed the meeting, and the addresses of welcome were fittingly replied to by Miss Mary A. MacKenzie, chief lady superintendent, V. O. N. The president's address followed and was listened to with great attention, dealing as it did with the immediate duties of the association and of superintendents in general, in a manner at once so clear and impressive as to command general approval and admiration. The president outlined the work of the convention, thanked the members for honoring London with their presence, and also for having elected her president.

The report of the secretary was then presented by Miss Brent, superintendent of the H. S. C., Toronto.

The report of the treasurer, Miss Chesley, showed a total of \$157.24, including a balance of about \$40.00. These reports were duly received and adopted, and a vote of thanks was carried to Mr. J. Ross Robertson, who had most generously come forward and enabled the association, at no cost to themselves, to publish the report.

Miss Baird then read her paper on "The Value of the Dietetian to the Training School," the discussion on which was participated in by Miss Brent, Miss Jacobs, Miss Scott, Miss MacKenzie, and finally by the president, who gave an outline of dietetics in welfare work as it has already been begun under a nurse in London.

#### AFTERNOON SESSION.

Miss MacKenzie presented an admirable paper on the history of the V. O. N. Miss Young, Montreal General Hospital, then gave a paper on "St. Barnabas and Other Leagues," which was, as the president said, thoroughly enjoyed by all present.

It was then decided that the next annual meeting should be held in Toronto on May 25th, 1910, at the same time and place as the annual meeting of the Graduate Nurses' Association of Ontario.

The president appointed the following nominating committee: Miss MacKenzie of Ottawa, Miss Young of Montreal, Miss Jacobs, with Miss Matheson and Miss Uren as scrutineers.

At 4.30 the association, by invitation of the city, left the Tecumseh House in a private car for the Kennels. They were escorted by His Worship the Mayor and returned later in automobiles, being the guests of the Ladies' Auxiliary of the Victoria Hospital.

Miss Coles of Arizona then, at the invitation of the president, delivered a very interesting impromptu address. Miss Coles is a graduate of Rochester Hospital and described the situation in the West in a humorous and accurate manner. This paper led to a spirited discussion. The meeting then adjourned and in the evening attended the reception so kindly given in their honor by the Local Council of Women.

#### THURSDAY—MORNING SESSION.

At the morning session on Thursday the opening paper was by Miss Chesley, superintendent of St. Luke's Hospital, Ottawa, on "How can we combat the Commercial and Foster the True Nursing Spirit?" This paper was felt to be very practical, and the earnest discussion showed how carefully the ground had been gone over. Sympathy was expressed in the discussion with the difficulties of the private nurse.

Miss Tedford then gave a most interesting account of the Quinquennial Congress in London. As Miss Tedford said, "We heard, saw and felt a great deal."

The following new members were received: Mrs. House, Miss Jacobs, Miss Campbell, Mrs. Japson, Mrs. Adcock, Mrs. Johnston, Miss Fraser, Miss McDermidt, Miss Miller, Miss K. Smith, Miss Mitchell. Associate members—Misses Dixon and Edgar.

It was moved by Miss MacKenzie, seconded by Miss Brent and carried, that the association become affiliated with the National Council of Women.

Miss Brent, Miss Scott and Miss MacKenzie were appointed a commission to look into the whole question of morality as brought up at the London (Eng.) conference and report at the next meeting of this association.

Mrs. Boomer was elected an honorary member of the association.

The following officers were then duly elected on report from the Nominating Committee:

President—Miss Louise C. Brent, Hospital for Sick Children, Toronto.

First vice-president—Miss Margaret E. Stanley, Victoria Hospital, London.

Second vice-president—Miss Wilson, General Hospital, Winnipeg.

Secretary—Mrs. House, superintendent Hamilton Hospital.

Treasurer—Miss Chesley, St. Luke's Hospital, Ottawa.

Councillors—Miss Meiklejohn, Miss Morton, Miss Woodland, Miss Rogers, Mrs. Jackson.

Auditor—Miss Matheson.

The retiring president, Miss Stanley, then in a few graceful words introduced the president-elect, Miss Brent, to the meeting. Votes of thanks were then passed to the president, to the secretary, to the chairman and trustees of the hospital, the Mayor, the Local Council of Women, Dr. Ross, Dr. Wilson, the Ladies' Auxiliary and others.

A letter of sympathy and thanks was ordered to be sent to Miss Shaw.

#### AFTERNOON SESSION.

Nothing in the meeting was more enjoyable, useful and interesting than the demonstration by Miss Baird in the afternoon. It was the general opinion that this was the finest demonstration the members had seen. The following was the order: 1. Special diets. 2. Special desserts. 3. Day's meal No. III diet. 4. Day's meal No. II diet. 5. Day's meal No. I diet. Exhibit of nursing appliances.

This most pleasant and successful meeting was closed by a reception in the nurses' home, given by the trustees of Victoria Hospital, which was also a very happy occasion.

## THE INTERNATIONAL CONGRESS OF NURSES.

*(Concluded from last month.)*

In the propaganda against tuberculosis and in the child-saving campaign, nurses are taking a prominent part. The German Nurses' Association takes an active interest in assisting such movements. The Children's Station of the Zurich Parish Relief is under the superintendence of one member of this Association, while the Stuttgart Town Orphanage is in charge of another. The Association has also supplied two Sisters to the large hotels of Berlin. They take charge of the health of the entire number of employees, 900 in all. A similar post is that of Ship Sister.

The President of the Session said: I am afraid that when the Congress goes to another country that very few of us will be able to make such contributions in the language of the land of the Congress as many of our foreign visitors have done to-day.

### Floating Hospitals.

An interesting paper on the above subject, sent by St. John's Guild of New York, was read by Miss Delano.

In the summer of 1873 New York City was visited by a spell of hot

weather, and it occurred to a member of the editorial staff of a large daily paper to take some of the newsboys for a trip in a barge, with the assistance of the St. John's Guild. The beneficial results were so apparent that another trip was taken the same year, and, owing to gifts from the public the next year, eighteen such trips were given. One of the projectors of the scheme, who was on board on one of the first trips, asked a small lad if he was enjoying himself, and received the reply, "Yes, but I wish me mither and the sick baby wuz along." This idea started the idea of taking mothers with babies, and since then in the development of the work this has been borne in mind. The vessel now in use is not the excursion barge of the beginning, but a hospital completely equipped to care for day patients. The present mortality among infants during the summer months is very much less than in former years, and authorities give credit for a good measure of the reductions to this floating hospital work.

The President of the Session said that she thought if the paper they had just heard had been read a year ago, some very good use might have been made of the London County Council steamboat on the Thames.

#### **The Factory Nurse.**

A most interesting paper on the "Factory Nurse" employed by the Cleveland Hardware Co., was also read by Miss Delano. The paper stated that the successful work carried on by the Benefit Association, and the Emergency Hospital, had induced this company to employ a trained nurse to give her entire time to this work. She was employed through the Visiting Nurse Association of the city so that the benefit of its experience and supervision might be obtained. The nurse reported both to the company and the association. She took complete charge of the factory dispensary, and has general supervision of the hygiene in connection with the entire plant.

The nurse was in the dispensary every morning, and was then open to consultation for any employee. Further, her services were also available for any member of the employee's family. The work she had been able to accomplish during the year was beyond the limits of a paper to explain. She made a report of accident cases on a regular accident form, giving the information usually required by accident companies. She also made a report in the case of sickness in the home; this acquainted the company with the condition of the home, the patient's statement as to the cause of sickness, and, in addition, she presented a general statement. The most interesting part of her work was stated to be a systematic investigation of the home of each employee. Her subsequent report was very valuable indeed to the company, enabling them to understand the conditions of their working people, and in many cases, through a larger contact with civic institutions to materially aid their employees without any particular outlay, or giving of charity, but simply by an exchange of knowledge. This was, the paper stated, especially true in connection with children of employees. Through the city dispensaries they had been able to give aid in correcting defects of eyesight; in cases of deformity of limbs often all that was necessary was some slight medical attention which the parents did not understand could be procured, or supposed that they could not afford to obtain. In many cases where employees

were in dire distress, from want of knowledge, their troubles had been greatly relieved. Another valuable result had been that if a valuable employee did not report for work, the department foreman understood that he could immediately communicate the name and address to the nurse, and that she would then visit the employee's home and make a report by telephone as to the conditions. In this way much absence from the factory has been eliminated. As evidence of the use made of the nurse's services her summary for one month was quoted. The total number of dispensary cases was 70, 58 of these being new; treatments given were 205. Of home patients, the total number was 34, 15 being new patients, 14 new investigation visits were paid, and 122 visits in all.

The General Superintendent, Mr. E. E. Adams, told a meeting of the Visiting Nurse Association: "I feel in the factory nurse we have the greatest possibilities for the development of welfare work, and I wish I might create in each one of you so much enthusiasm for it that, as the work grows, and other factories call for nurses, there might be no lack of applicants for the positions. The possibilities of such a position are limited only by the ability of the person holding it. To one interested in the general social uplift the position, it seems to me, must be ideal."

#### Nursing in Prisons.

Mrs. Bedford Fenwick said she had not prepared a paper on "Nursing in Prisons" because it was so much in its infancy that there was little to report: but she would like to plead for more interest in the question. She thought that nurses had two great heroines. Of course, Florence Nightingale came first, but Mrs. Elizabeth Fry made a very good second. Whilst Florence Nightingale had a large number of ardent recruits, very few women attempted to emulate the work of Elizabeth Fry. We were all aware that there had been tremendous reforms in our prison system in the past fifty years, but anyone like a trained nurse, who understood not only the penal system, but also the remedial system, which ought to be more generally adopted, must realize that there is an immense amount of unnecessary and unjustifiable suffering amongst the prisoners resulting from the ignorance of the persons who were in charge of them. One of the most beneficent results of the Suffragette movement had been that intelligent reports had been received concerning the conditions of prison life. She had paid a visit to Holloway Prison, and to the naked eye everything appeared admirable. The particular point in which she was interested was not exactly the nursing of the sick but the scientific knowledge which was necessary to improve the condition of the prisoners. Mrs. Fenwick said she did not wish to reflect in any way upon the prison infirmary. Prison infirmaries, where they were attached, were fairly well managed departments of the prison, and nurses with a certain amount of training were employed. But it was in connection with the care of the prisoner outside the infirmary that she would like to speak, and the necessity for training for the warders and wardresses in charge of the prisoners, who had at present no systematic training for their special work, with the consequence that although many were very kind hearted they were exceedingly ignorant in dealing with the physical condition of their charges.

Then again prisoners underwent personal inspection, which to any woman with the slightest refinement was a terrible indignity, because they were stripped in the presence of their fellow prisoners. It was a horrible shock to any person not thoroughly degraded, and one to which our prisoners should not be subjected excepting in the presence of a trained nurse or medical woman. Then came the conditions in the cells of the prisoners. Mrs. Fenwick said she had had some correspondence with high official quarters in connection with the condition and treatment of the prisoners, and she had been told that her conclusions were erroneous. Her reply to that was that she thought as a trained nurse she could estimate the physical and mental condition of those prisoners—the women especially—better, perhaps, than a scion of the aristocracy who might be a clerk in a government office. Mrs. Fenwick then described the experiences in prison of a trained nurse, who refused to pay rates, whose physical suffering, owing to having undergone a severe abdominal operation, was greatly aggravated.

Speaking of the necessity for the training of warders and wardresses, Mrs. Fenwick said that much consideration must be given to this subject. The training of a nurse, somewhat modified, with instruction in hygiene and sanitation, would probably meet the case. It was an extraordinary thing that more than half a century after Mrs. Fry's great work a training school for warders and wardresses had still to be established in connection with a prison. Such schools were needed just as much as for probationers in hospitals.

Mrs. Fenwick claimed also that these officials should know something of psychology because the mental condition of the large majority of prisoners is not normal, or they would not be criminals. She hoped that some motion might be passed which would bring to the Home Office the necessity for the training of those in charge of prisoners. She urged the appointment of trained nurses as matrons of prisons, the adoption of an adequate curriculum of education for warders and wardresses, which could be carried out under the supervision of matrons. Then probationers could be trained in the prisons in nursing, sanitation, hygiene, their training including instruction in mental disease and the care of mental patients and criminals. It would be a very special and very splendid work, and one that opened out a new field of tremendous importance for women. Still, she hoped that might only be for a few years because when all our great social reforms had taken place our prisons should be nearly empty. She believed in Scotland a beginning had been made. What was now wanted was that volunteers should come forward to take an interest in the work, and express their readiness to follow the teachings of Elizabeth Fry, just as they had done those of Florence Nightingale.

Miss E. S. Haldane, LL.D., said that she had been extremely interested in what they had just heard from Mrs. Bedford Fenwick. First, she must confess that she had never been inside an English prison, either as an inmate or as a visitor. However, she did occasionally visit the Scottish prisons, and knew a little of what went on there. In Scotland they were under the Prison Commissioners, intelligent men, at present very much interested in the subject about which Mrs. Fenwick had been speaking, and anxious to do all in

their power. In Scottish prisons each cell was provided with a nice picture, which was occasionally changed, and also a mirror, and she believed that whatever else was smashed in a cell the mirror was never touched. The prisoners were always encouraged to put their caps on straight and to look as nice as they could. The Prison Commissioners in Scotland had appointed a trained nurse, a lady, to be the head of one of the principal women's prisons. That was a beginning which she hoped and believed would lead to further developments. Nurses were asked to apply for posts as wardresses, but she did not know that a great many had applied so far. She was afraid the nurses thought the work rather beneath them. It had yet to be brought home to them that this was really a work worthy of qualified and educated women, a work which was quite well paid, but which, no doubt, was very trying, though it was most interesting, as the wardresses were brought into contact with some of the saddest cases. At the same time there was hope in it, for there were cases which could be reformed, and, as a great many were really mental cases she always felt that a certain amount of training should be given to wardresses. She did not think that we could expect fully trained nurses to come forward to be wardresses. We might get them in the superior positions, but in any case they should have, as Mrs. Bedford Fenwick had said, a certain amount of mental training, because a large number of the prison cases were mental cases. But there was always a good deal of illness in prison, and sometimes even babies were born there, and there were also cases that were not severe enough to be sent to the hospital. For all these reasons those who had to do with prisons agreed that there was considerable scope for trained women. She quite agreed with the main point of Mrs. Bedford Fenwick's speech, and that this matter was one which trained nurses should take into serious consideration.

Sister Karll said that perhaps all present were not aware that Mrs. Fry received some of her training at Kaiserswerth at the same period as Florence Nightingale, that the first wife of Pastor Fliedner really began her work in the prison of Dusseldorf, and it was this work which brought her into contact with her future husband. When Kaiserswerth was first founded, hospital work was not thought of, only how to help fallen women and prisoners. A movement had been begun in Germany to secure educated women for the positions of prison wardresses, but the work was so hard that few of them could stand it, and it was also badly paid: it would have to be better regulated before many nurses could undertake it. She was glad the subject had been brought forward, and she would now try to see what could be done in Germany with regard to it, through the German Nurses' Association. It should be the highest privilege to be engaged in this work.

Mlle. Chaptal said that in France, and especially in Paris, both the nursing and domestic management in prisons were in the hands of women. In Paris a Sister had for years been in charge of one of the principal prisons, and had been specially trained for the work. No complaint was ever heard against their management. Everyone said they were perfectly well managed.

Miss Mary Burr, Miss C. J. Tilanus, of Holland, and Miss Edla Wortabet (Syria) also took part in this discussion, the latter giving some very inter-

esting information concerning the nursing of prisoners in a municipal hospital in Beyrout.

### **Social Service in Connection with Hospitals.**

Miss Goodrich then gave a most interesting account of a work which was comparatively new in New York, her remarks being illustrated by a chart.

Miss Goodrich said that in connection with the Massachusetts Hospital, Boston, it occurred to her that it was very little use to prescribe tonics for patients which they could not obtain because they had no money. They could not get relief from work, and change of air, because no means were provided to give them these. She then described the organization through which a connecting link was formed between the patient, the hospital, and the patient's friends. Various auxiliary committees were appointed, handling different departments of work, such as tuberculosis, psychopathic, and what was called convalescent relief. This organization was managed by an executive committee composed of the chairmen of these committees, the president of the board of trustees of the hospital, and the head of the training school, and under them an executive secretary who was a nurse, under whom were placed all the voluntary workers.

The reason why the city should carry out this work was because, from the standpoint of the community, the speedy and permanent cure of the sick is an economy. The patients were frequently sent out very quickly in the emergency service, perhaps at the end of two or three weeks. The idea of the work was that when a patient was going out, or when a patient came in, the executive officer and her assistants found out the condition of the family and the condition of the patient. If the patient, on discharge, needed to be sent to a convalescent home, he or she was so sent; inquiries were also made as to whether the children at home were fed and cared for; if not, then food was supplied to them, and clothing if necessary. The chart showed the many headings under which the patients were treated, and the work subdivided. In regard to immigrants, many of them came knowing absolutely nothing of the language, and perhaps had to be deported as soon as they were sufficiently well to leave the country. Formerly, when these poor people were discharged from the hospital, nobody knew or cared what became of them. Now that was altered.

In regard to the crippled children there were the Children's Aid Societies, which conveyed them to and from school, and also there were places to which they could be sent in the summer.

The attempted suicide cases formed a most important part of the service. These poor people had attempted to end their lives, not from mere wickedness, but because their conditions of life were such that had we been in the same circumstances, we might have been in no better frame of mind. They were accompanied to homes, and were not allowed to go to court without being accompanied by a woman.

Then there were the neurasthenics and similar cases. These people were placed in convalescent or permanent homes. Then the temporary care of children while parents were in hospital was provided for, aid was secured for families from relief societies, and so on.



The provision of legal aid, dietetic aid, surgical aid, and, above all, loans, also was part of the work of the organization.

Miss Goodrich said that she had dealt very briefly and hastily with this subject, but she wished the Congress to know what social service in connection with a hospital had meant both to the hospital and the patients.

The last report of the association had been most gratifying and encouraging. She wanted to emphasize that the influence of the organization had been most beneficial, for in taking care of the patients the workers had learnt to care for them as brothers and sisters, to whom we all owe some greater duty.

Miss Boge, Superintendent of Queen's Nurses, spoke of the opportunities for social work in connection with district nursing as so great that it seemed impossible to separate the two. The other day it was her privilege to go with a deputation to the local Borough Council, when she was a selected speaker. She tried to put forcibly before it how the nurses were trying to fight the terrible infantile mortality, so prevalent in Shoreditch; and further, not only to keep these poor children alive, but to prevent the possibility of **children** being brought into the world without any chance of their living. The nurses were also fighting tuberculosis, and those early boy and girl marriages, where nothing was saved up, and where the homes were furnished on the instalment system.

Miss Boge claimed strongly that district nursing was the very highest branch of the profession, though it was stated only a few years ago, by one very well known in the hospital world, that district nursing was a very good dust-bin for the rubbish of the nursing profession.

The more district nurses made their influence felt in the various towns and boroughs the more hospital matrons would hear of them, and realize that not only were the best nurses needed for district work, but also the best all-round women. She was very much interested in what Miss Chaptal had said about the poor paying in their own coin. A good deal was said about the behavior of the poor, but it must be remembered that the nurses went to their homes as strangers, and, on the whole, their advice, and sometimes their scoldings, were very well received. They were repaid for their work by seeing the children more healthy, and wonderful improvements made in the habits of the poor. In her borough they did not now have to fight for an open window, in fact the East-Enders now had almost too much of the open window.

She thought they all realized the necessity for reform in prison life.

Miss H. L. Pearse, Superintendent of School Nurses under the London County Council, said that she gladly availed herself of the present opportunity to speak of the work of nurses in public schools. All present must, she said, have been tremendously encouraged by the words of Lady Helen Munro Ferguson as to the dignity of small things. It was often said that the work of the school nurse was not essentially the work of a highly trained nurse, because simple cleanliness was the most constant need in connection with school nursing. She contended that the maintenance of scrupulous cleanliness was certainly work worthy of the best endeavors of a highly-trained nurse.

The foundation of good nursing was cleanliness, and on that it was the hope of the school nurses to build up a higher standard of health amongst the children. This preventive work had only comparatively recently been undertaken by nurses. Now the nurse went into the school as part of the educational system to teach everything she could, to train the children in regard to the care of their own health, and to send them to their homes as little missionaries, hoping thereby to raise the standard in those homes as to attention and cleanliness.

The school nurses were now coming more frequently into contact with the parents of the children, both at school and in their own homes. At first they were not always very well received, but she felt very strongly what Mlle. Chaptal had said—that they were asking a great deal from the poor when they asked them to listen to the nurses' remonstrances about things which they thought unnecessary or trifling.

People struggling hard to make ends meet did not always realize the necessity for spending hard-earned pence in soap, because they did not recognize the large part which soap and water played in the maintenance of health. It was the duty of the school nurse to show them that by attending to personal hygiene they might be more happy and comfortable in the future. At present their work was missionary work, and they hoped later on, in conjunction with the hospital, to form a cordon which would be brought right down from the hospital to the home, and so form a system of education. She believed the educational side of their work would be increasingly developed in the future.

It was necessary for nurses who took up school nursing to be exceedingly well trained. They had to watch for the early symptoms of disease, and must, therefore, have experience in every branch, not only in medical and surgical nursing, but in fever nursing, and also, if possible, they should have had experience of ophthalmic nursing. She therefore maintained that school nursing afforded the greatest possible scope for highly trained nurses on leaving hospital.

Miss Delano said she would like to say a word in regard to the summer work in the New York schools. At the close of the year the New York staff of school nurses, numbering about 200, was sent into the homes of the poor to teach the mothers the care of their babies, and they were getting into the way of gauging the success of the work by studying the statistics of infantile mortality. Only the previous day she had heard from New York, and the most interesting item of news was a comparison of the number of babies who died there in a given month with the mortality in the same month of last year. She found that only half as many had died this year as in the corresponding month last year.

Mrs. Hampton Robb said that in listening to the papers, both on the previous day and that morning, it seemed to her that the keynote struck had been that of education. They had heard so much of the education of the nurse. Mrs. Bedford Fenwick had claimed that private nursing required the most highly educated women. She was answered that such women should remain in hospital and teach the probationers. Then that morning Miss

Boge demanded that such women should be district nurses, and now Miss Pearse had come to say that these nurses must be in the schools. It seemed, therefore, very evident what kind of women were required as nurses—they were the well educated ones.

It was well to realize the great evil we were fighting amongst the people with whom we were working. It was the great evil of ignorance, and no stone should be left unturned to blot out this sin from amongst us—the sin of ignorance from amongst the peoples of our countries. It seemed to her that that could be best accomplished through the schools, and when Miss Pearse emphasized cleanliness as the foundation of so much, and another speaker that "thoroughness" should be our watchword, then it seemed to her that our methods, so far, were rather superficial, and that we should do everything in our power to make thoroughness possible.

Mrs. Robb also advocated that lavatories should be provided in the schools, giving the children the opportunity of washing, so that they might be taught practically the principle of cleanliness which underlay the prevention of disease. She did not think we would progress very far till this was done.

Then it did not follow that because a boy or girl had to leave school at an early age, say 10, 12, or 14 years of age, to earn a living, that their education should necessarily stop. Education should begin at birth and end at the grave, and all through life we should endeavor to teach the principle of right living.

Miss Newton, of Ipswich, said that she was one of three matrons who had come up from a little provincial town in the east of England, who had been sent by their committees, which were paying their expenses. In a short time she and her colleagues would meet their committees, who would ask them what they had learned. They were all filled with admiration for that wonderful syllabus, which had come from America, showing the social work which followed after the hospital had done its part, and they would very much like to obtain copies of that splendid syllabus so that they might take them home to that little town in Suffolk to show their committees something of what they had learned. She hoped that the same method might be adopted in this country.

Miss L. L. Dock said that with regard to the new branches of nursing now being opened up she hoped that the older nurses would make them known to the younger ones so that they might prepare themselves for this social work. In the settlement where she lived she received daily and weekly dozens, and even hundreds of letters asking for nurses who would take up positions on these lines, yet seven-tenths of those applications had to be refused because there were no nurses available who had prepared themselves for this class of work. New calls were coming every day. She thought that the reason why nurses could not take these positions was that they had allowed themselves to get into a rut, and that all these positions called for flexible minds, for a good outfit of social knowledge, and for planning and organizing ability. The applicants for nurses would constantly say: "We do not ourselves know just how this work had best be conducted. We want

a woman who will be able to tell us what to do, and to plan it out." She did not hesitate to prophesy that in twenty-five years time more nurses would be engaged on preventive and social work than in private nursing, and she wanted to urge upon them all to prepare themselves for new developments.

Miss Snively urged the preparation of the heart. She did not wish in any way to undervalue the necessary professional education, but she felt that if there were the true preparation of the heart also that there would not be such a lack of workers as had been the case during the last few years.

Mrs. Hampton Robb said that before the session closed she would like the privilege of thanking Lady Helen Munro Ferguson for her inspiring and uplifting address. It was such a relief from the depressing remarks to which they had listened from one speaker on the previous morning, but that might be expected because a woman certainly had what a man lacked, i.e., the sixth sense—what they were accustomed to hear called "woman's instinct," but which was really woman's finer perception. She had great pleasure in proposing a hearty vote of thanks to the president of the session for her speech.

Miss Isla Stewart cordially seconded what Mrs. Robb had said. Speaking from the standpoint of the matron of a large London hospital, she thought that our fault in England was what the Americans were always teaching us, that we are not flexible enough, our efforts were too much in one line, and we forgot the side lines for which our nurses should also be trained. She heartily seconded the vote of thanks to Lady Helen Munro Ferguson for her address. This was enthusiastically carried.

Lady Helen Munro Ferguson, in acknowledging the vote of thanks, said that as one who was untrained she had the greatest respect for trained nurses. She considered it a great honor to preside over that session of the Congress, and she hoped it would be a great success and a source of encouragement to all.

### **The Place of Massage in Nursing.**

In the Small Hall on Wednesday morning, Miss Therese Tamm, the leader of the Swedish delegation, presided over the session on "The Place of Massage in Nursing." She said she had been probably invited to take the chair because massage was, and had been for long, a special characteristic of Sweden. Massage in Sweden dated a long way back, even to heathen times, but it was not then used in the service of science, but more in accordance with the instinct of the people. In Sweden there were also several bathing and watering places where a kind of clay massage was given. These watering places existed in ancient times, and an almost supernatural significance was attached to the use of clay, but the science of modern times taught that it was just the massage, i.e., the rubbing itself, that was of such vital importance. At present there were no bathing or watering places in Sweden where massage could not be obtained, and medical gymnastics were often given by the doctors themselves. Miss Tamm then called upon Sister Walborg Nordin, assistant matron at the Sophia Home, Stockholm, to read the paper prepared by a doctor on the committee of that institution.

### The Relation of Nurses to Massage.

Sister Walborg in the paper which she presented, said that the idea of massage possessed at the present time, not only by the general public, but also by some medical practitioners, was that it did not signify much more than an easily learnt manual treatment for relieving aches and pains. It was important, therefore, that great stress should be laid on the fact that massage was already a developed science, which was gradually becoming more and more perfected and invaluable in the medical treatment of a multitude of internal and external ailments.

It demanded not only thorough technical skill, but also a certain amount of theoretical knowledge, especially in such subjects as anatomy, physiology, and pathology. Other requisites were a specially trained ability to discern by means of touch the pathological changes in a patient, and physical strength, combined with extreme softness and lightness of touch. A combination of massage and medical gymnastics were in many cases necessary for the successful treatment of a patient. While agreeing that many of the necessary characteristics of a good nurse and masseuse were the same, she did not advocate the practice of both nursing and massage by the same person, as she thought that person would soon find she was serving two masters. Further, those who had only received training in general nursing should only undertake massage after minute medical instruction, as in many cases, such as those of tuberculosis and thrombosis, the result would be most disastrous. She, of course, did not mean to say that the training of a nurse would not be an advantage to the massage-gymnast.

Miss Tamm then called upon Miss Procope to present her paper.

### Massage Teaching at the New School for Nurses, Paris.

Miss Procope, Professor of Massage at the Nursing School of the Assistance Publique at the Salpetriere Hospital, Paris, read an interesting paper in which she said that the science of massage was not yet placed upon a proper footing in France, and its practice was somewhat in disrepute, owing to the prevalence of charlatanism. It had been, therefore, something of a difficult venture to organize a correct system of instruction for the pupils of the school. Difficult and complicated massage such as was needed for treatment in private cases, was not required for these pupils, who would not go to private duty, but only serve in the hospitals. The whole science of massage could not be taught in two years' time. The pupils were instructed in the procedures of simple massage, being divided into groups of twenty. The pupils first practised upon one another and then upon patients. Several rooms fitted up for the purpose were at their disposal, where gymnastic apparatus and baths were also available.

Miss Lewenhaupt, a Swedish lady, and a graduate of the Royal Central Institute of Gymnastics, then spoke. She also disapproved of the combination of massage and nursing.

Miss Lucy Robinson, of the Incorporated Society of Trained Masseuses, and Miss Rosalind Paget, Miss Jacobson, and others joined in the discussion, in the course of which Miss Robinson remarked that her association asked

to be represented; but they received no reply to their request, a statement concerning which there must, we think, be some misapprehension, as the organizing committee have received no such request. The general trend of the discussion certainly was that the practice of nursing and massage should be kept distinct. This ended the morning session on Wednesday, July 21st.

### The Banquet.

Of the many charming reunions in which the visitors to the Congress took part, the banquet held at the Gaiety Restaurant on the evening of Wednesday, July 21st, stands out as the most brilliant and inspiring. The guests were received in the Georgian suite of rooms by Mrs. Bedford Fenwick, with the help of Miss Mollett and others, and included all the presidents and official delegates of the affiliated National Councils together with 300 guests.

Lord Ampthill, G.C.S.I., G.C.I.E., presided, and honored the members of the International Council of Nurses by wearing his magnificent orders. Upon his arrival the presidents and distinguished guests were presented by Mrs. Fenwick, and as he passed to the banquetting hall, conducting Sister Agnes Karll—the newly-elected president, simply dressed in black, her sweet face flushed with pleasure—one realized that the service of the sick enlists in its ranks the great of heart of every rank and race, irrespective of sex.

Lord Ampthill was supported on right and left by Sister Agnes Karll and Mrs. Fenwick, M. Andre Mesureur, France; Countess A. de Villegas, Belgium; Dr. Lande, Bordeaux; Baroness Mannerheim, Finland; Dr. van Swieten, Belgium; Miss Goodrich, U.S.A.; M. Enjolras, Paris; Miss Snively, Canada; Dr. Bedford Fenwick, Mrs. Henny Tscherning, Denmark; Dr. Boulanger, Belgium; Mrs. Hampton Robb, Dr. Kerr, Miss Tilanus, Holland; Mr. Walter Spencer, Miss Tamm, Sweden; Mr. D'Arcy Power, Dr. Anna Hamilton, Miss Isla Stewart, Dr. Robert Jones, Madame Alphen Salvador, France; Miss Hibbard, Cuba; Mrs. Walter Spencer, Miss Mollett, Miss Huxley, and Mrs. Kildare Treacy.

The 300 guests included many of the leading matrons and others who have helped to build up in this country and abroad the great International Federation of Trained Nurses; and the forceful delegation of 45 German nurses supported with joy the proud position attained by their beloved leader, Agnes Karll.

Many beautiful gowns were worn, and every one, beaming with happiness, looked beautiful in whatever garb they wore. Orders, medals, badges, and national ribbons fluttered over happy hearts, and one at least who looked on realized the splendid energy, keen intelligence, ardent aspirations, noble self-sacrifice and arduous labor which had been poured out like water in the past half century by many who have passed nameless to the shadows to make possible this triumphant gathering of the nurses of the world, possessed as they were by characteristics moulded by knowledge and suffering, and inspired by the noble ambition to serve and save.

The scene during dinner was most gay and animated, the conversation inspired by softly played music. Barriers of language seemed no impediment to the interchange of expressions of goodwill and happiness, and all present

combined to make the occasion one of international gaiety and good comradeship. The chairman expressed himself as greatly surprised and charmed with the bright and impressive scene at which he was the centre of attraction.

At the conclusion of dinner, Lord Ampthill rose and proposed the first toast of the evening.

### THE TOASTS.

#### THE KING.

Lord Ampthill said: I need not remind you of the many occasions on which His Majesty the King has shown great interest in the work of nurses and all that they do. On two special occasions His Majesty has uttered words of encouragement to nurses. Last year, at the opening of the new offices of the Royal National Pension Fund for Nurses, the King said: "It has now happily long been recognized that in the alleviation of pain and sickness good nursing is of supreme importance, and that it is in the interest of the community that measures should be taken to obtain skilled and efficient nurses in increased numbers, and to procure for them such advantages and prospects as will retain them in their profession."

His Majesty had a close acquaintance with the work of philanthropic institutions, and he was deeply interested in the work of nurses, of which he had given evidence by his personal interest in the present Congress.

The toast of the King was then honored, after which Lord Ampthill proposed as the next toast

#### THE PRESIDENT OF THE INTERNATIONAL COUNCIL OF NURSES AND THE PRESIDENTS OF NATIONAL COUNCILS.

Lord Ampthill said he was unworthy and incompetent to give expression to the sentiments he felt when we were told by a false prophet, who should be nameless, that this great Congress was unrepresentative.

No service which he had rendered to the nursing profession was worthy of mention compared with the years of self-sacrifice of those of whom he had to speak.

He had, however, been asked to undertake this exceedingly pleasant duty. To render due honor to the different presidents, it would be necessary to do so under seven separate heads, but the unity of purpose and harmony of aim of those concerned made it appropriate that they should be classed together.

#### THE PRESIDENT OF THE GERMAN NURSES' ASSOCIATION.

It was extremely pleasant to welcome a lady who had done so much to raise the status of nurses in Germany as the president of the International Council of Nurses. Sister Agnes Karll had devoted herself, her energy, her brains, and her worldly wealth to the service of the nursing profession; she recognized the evils of lack of organization, inadequate standards, and all those things with which we are so familiar, and set herself the task of remedying them. She was the friend and guardian of those who were cast adrift in the change from the religious to the secular system of nursing in Germany. The great and statesmanlike work of which hers had been the directing mind had been the formation of the powerful organization which

had secured from the Government valuable privileges for the nursing profession. He proposed the health of Sister Agnes Karll and her continued success in the noble endeavors to which she was devoting her life. The toast was drunk with enthusiasm, their national chorus being sung by the German nurses.

THE PRESIDENT OF THE NATIONAL COUNCIL OF GREAT BRITAIN AND IRELAND.

Of Mrs. Bedford Fenwick, the founder of the International Council of Nurses, Lord Ampthill said he could tell those present a great deal, for he had had the privilege and great pleasure of working with and for her. He might describe her characteristics as clear thinking and steadfast courage.

Nothing had excited his admiration more than what he had seen of these qualities. She had persisted in her uphill work in spite of insults and slander, from which a lady in her position should have been exempt.

Few public men would have held on under similar circumstances without for a moment flinching or faltering. That Mrs. Bedford Fenwick had done for twenty years. Like all who take the lead in public affairs, she had had to fight vested interests, and had met opposition in an extraordinary degree. They were there to wish her success, and he, for one, most earnestly hoped to see Mrs. Bedford Fenwick triumphant.

THE PRESIDENT OF THE AMERICAN FEDERATION OF NURSES.

Miss Goodrich, representing our American kinsfolk, was most particularly welcome. There have been times when they have not regarded us with whole-hearted affection, but he could assure Miss Goodrich that at the present time there could not be greater cordiality in our sentiments. We have always felt proud of the great and growing nation of America, and he believed that America felt pride in its connection with this country.

Miss Goodrich brought a message of encouragement. In America the registration battle was won, and registration was in full swing in twenty-four states. It was encouraging to us that the system commended itself to a progressive people like the Americans.

THE PRESIDENT OF THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES.

We did not need that Miss Snively should tell us of the bond of union which exists between Canada and the Mother Country. Miss Snively had twenty-five years as superintendent of a training school to her credit, and, Lord Ampthill said, he would be surprised if any one said she was not representative in Canada.

THE PRESIDENT OF THE DUTCH NURSES' ASSOCIATION.

Nothing could be more instructive and valuable to us than to know of the difficulties that exist in other countries. They afforded convincing proof that our own grievances are not imaginary. Miss Tilanus had been working in difficult circumstances, and we were obliged to her for paying us the compliment of a visit.

THE PRESIDENT OF THE DANISH COUNCIL OF NURSES.

Mrs. Henny Tscherning had built up a splendidly helpful association in



Denmark. The Danes recognized the advantage to be gained by organization and co-operation, and by affiliation with the International Council of Nurses.

THE PRESIDENT OF THE FINNISH NURSES' ASSOCIATION.

Baroness Mannerheim, who represented Finland, was trained at St. Thomas' Hospital, so her courteous and friendly return to this country was particularly welcome. Lord Amphyll concluded by saying that he had only very briefly referred to the work of these distinguished ladies. He might say he had presented it in tabloid form, but they were more welcome than his feeble words were able to express. We thanked them for the compliment they had paid us in travelling such long distances to be present, and were grateful to them for doing so.

Lord Amphyll's speech was received with loud and prolonged applause.

THE RESPONSE.

Sister Agnes Karl and the presidents of the affiliated National Councils then replied.

Sister Karl expressed her warm thanks to Lord Amphyll for his kind words, and the way in which he had associated her name with the toast. In electing her president of the International Council of Nurses, she knew that the greatest possible honor had been conferred upon her. She wished all success to Mrs. Bedford Fenwick and the British nurses in their struggle for organization; they were winning the fight. She concluded by expressing the hope that she would have the pleasure of welcoming all those present at the next meeting of the Council in Cologne in three years time.

Mrs. Bedford Fenwick said that the present was a proud moment when it was remembered that only one decade ago the International Council of Nurses was founded (unrecorded by the press), but with the support of the woman who had shown more courage and kindness in relation to nursing organization than any other matron of a large training school in this country—Isla Stewart. Then it was a shadowy hope; now it was a link between nurses all over the world.

Mrs. Fenwick referred to the previous delightful gatherings which had taken place in Buffalo, Berlin, and Paris, leading up to the delightful meeting which at the end of ten years it was possible to have, at which the leaders of nursing of so many different countries were represented. They had during the Congress heard the echo of what British nurses who were endeavoring to organize their profession had had to bear. She did not think there was one person in the room who was impressed with the opposition, which was indeed a pitiable spectacle. The only feeling of British nurses was one of sorrow that the nurses of the world should have seen it, and that for one hour it should have been possible to imagine that this opposition represented the attitude of British men. They were thankful to their friend, Lord Amphyll, for his words; the real attitude of the British man to the British woman was to be seen that night. She could not tell those present what Lord Amphyll had been to British nurses. Women whose influence was only indirect were very helpless, and when a bill for their government was sprung upon British nurses by a noble lord, and they realized that their acquaintance with mem-

bers of the House of Lords was slight, she could not say what it meant to them when Lord Ampthill in the most noble and generous way came forward to help them. In thanking Lord Ampthill for including her name amongst those honored in the toast, she thanked him also for the great and generous part which he had played. Those present had heard "one who shall be nameless" on the previous day; they had that night heard Lord Ampthill. She did not believe there was a doubt in the minds of any one present as to who was in the right.

Miss Goodrich, in responding to the toast, said that sometimes her country had been a little jealous of Great Britain, but it had never ceased to love her. She referred to the demands made upon the trained nurse by describing the visit of a clergyman in search of a nurse to her office. This gentleman said he wanted a nurse of broad personality, who would help to raise the money to carry on the work, though, of course, the right kind of person would not consider money; who would put up drugs and prescribe simple ones; attend at the dispensary and visit in the homes of the poor; she must be willing to get the children ready for school, to do cooking if required, leave the houses clean, and perform the last offices when necessary. A year after the same clergyman called to say that the nurse had met every demand but one. Her health was indifferent and she was breaking down.

Miss Goodrich concluded by saying that she wished she had words strong and eloquent enough to express all that the American delegation felt about the Congress.

Miss Snively said that as the representative of the largest and wealthiest of His Majesty's dominions, she would like to say that Canada had made three attempts to secure state registration, so far unsuccessfully. She wished this country would send them Lord Ampthill, when perhaps the next attempt would result in success. The Canadian delegation could never express all its gratitude for the hospitality and great kindness it had received. Canadians realized the honor of forming part of the British Empire, and knew how much they owed to the Motherland. Canada was the true and loyal daughter of the great and ever glorious British Empire. She heartily thanked Lord Ampthill for the way in which he had connected her name with the toast.

Miss C. J. Tilanus said she was not sufficiently acquainted with the English language to say much. She thanked Lord Ampthill sincerely for his kind words.

Mrs. Tscherning also expressed her thanks for Lord Ampthill's reference to her, of which she felt quite unworthy. The impulse had come to Denmark from Great Britain to form part of this great International Council, and if these impulses did not come from the large to the small countries she feared they would progress but little. She gratefully acknowledged the toast, not on her own behalf, but on that of the Danish Council of Nurses.

Baroness Mannenheim said that a thrill of happiness passed through the nursing world of Finland at the prospect of affiliation with the International Council of Nurses, and she also felt great happiness at being present and amongst so many with whom she was in sympathy. She thanked Lord Ampthill sincerely for all his kindness.

Words fail us to convey to those not present at the banquet an adequate idea of the enthusiasm with which Lord Ampthill's speech and those of the delegates were received. There was never a greater demonstration of the solidarity of the nursing profession, or of the friendliness and mutual appreciation which exists between nurses.

#### GREETINGS OF THE ASSISTANCE PUBLIQUE.

M. Andre Mesureur, who was most cordially received, then rose to convey the greetings of the Assistance Publique of Paris to the International Council of Nurses. He said those present would readily understand the regret of his father, its director, when he found it impossible to be present. To-day the bonds of friendship between the Assistance Publique and Great Britain were drawn closer because pupils from its nursing school were now obtaining an insight into English methods at St. Bartholomew's Hospital under Miss Isla Stewart. It was not without anxiety that the administration saw its pupils leave the Salpêtrière, but they had the comfort of knowing that they were amongst friends in a foreign country. He had now the honor to present to Miss Stewart and to Miss Beatrice Cutler, the assistant matron at St. Bartholomew's Hospital, the silver medal of the Assistance Publique of Paris, attached to a gold and white ribbon, as an appreciation of their work. He need not say how much he enjoyed discharging this pleasant duty. Turning to Sister Karll, M. Mesureur said that the Administration Generale of the Assistance Publique desired to show interest in the work of such women as herself. There was a great feeling of cordiality in Paris towards the International Council of Nurses and its work.

Mrs. Hampton Robb said that it was with utter despair she learnt she was to respond to the toast. She asked what she was to speak about, and the reply was, "about two minutes." Those who had attended the Paris Conference in 1907 had never forgotten its inspiration. They had tried not to be envious when they saw over the facade of the new buildings at the Salpêtrière Hospital the words "College for Nurses." It was at present the only one in existence. They had a thrill of pride in the note sounded by Dr. Anna Hamilton in her Thesis on Nursing and that France had men that recognized its importance so quickly and put its precepts into practice.

In coming as a delegate from the United States to this representative Congress, she came straight from the meeting of their National Association to express in words the music written by an American woman, "Hands Across the Sea."

Mme. Alphen Salvador then rose and presented to Mrs. Bedford Fenwick a lovely bouquet of roses from the private nursing schools of Paris, in gratitude for all she had done for the sick, and the nurses of the world through the International Council of Nurses.

Mrs. Fenwick having expressed her thanks for this beautiful gift, Miss Isla Stewart expressed her warm thanks for the honor conferred upon her by the Assistance Publique. She then proposed the last toast of the evening.

#### THE CHAIRMAN.

Miss Stewart, in proposing the health of the chairman, said that she need

not recapitulate the great positions which Lord Ampthill had held, including those of Governor of Madras and for a time Viceroy of India. He had rowed in the Eton and Oxford University eights, and was a thorough sportsman, which meant that he loved justice and fair play, and when last year he found a group of professional women in sore straits, after due consideration he espoused their cause, and carried the Nurses' Registration Bill triumphantly through the House of Lords without a division. She asked those who were in the Church House on the previous day to look on this picture and on that. British nurses were grateful to Lord Ampthill for all that he had done for them, and were looking to him to do more. With Lord Ampthill as their champion, and Mrs. Bedford Fenwick as second in command, the movement for state registration must ultimately be crowned with success.

Lord Ampthill, who, on rising to reply, received a great ovation, all present rising, while the band played "He's a Jolly Good Fellow," said those present would not disagree if he expressed in a few words his gratitude and deep emotion at the kind spirit in which the toast proposed by Miss Isla Stewart had been received. Public affairs made a man bold and brazen, but on the present occasion he was quite shy. In the position in which he had been placed it was for nurses to command and for him to obey. There was still more work to be done, and he would be proud to resume command, proud to think that he was not considered unworthy to continue the fight. Nothing would make him happier than if he had another opportunity of breaking a lance in the cause of the State Registration of Trained Nurses.

So ended one of the most enjoyable, as also the most memorable, functions connected with our Congress. Never before have distinguished nurses of so many nationalities met together in social intercourse, and the absolute unanimity of thought and purpose which united them is proof of the great future which lies before the Federation of the nurses of the world.

### Hospitality.

The weather all through the Congress was charming and added greatly to the success of the social events, which were:

Tuesday, 20th July.—4 p.m.—"The British Journal of Nursing" At Home at the Nursing Exhibition, Caxton Hall; tea, music.

Guests of honor: The Hon. Officers, Delegates and Fraternal Delegates of the International Council of Nurses.

Tea tickets, 1s., to others wishing to be present.

8.30 p.m.—Conversazione, the Dore Gallery, Bond Street W. Music. The presidents of National Councils of Nurses will receive the guests at 8.30 p.m. Tickets, 2s.

Wednesday, 21st July.—4.30 p.m.—Reception at Dorchester House, by Mrs. Whitelaw Reid.

8 p.m.—Banquet, the Gaiety Restaurant, Strand, the Right Hon. the Lord Ampthill, G.C.S.I., G.C.I.E., in the chair. Tickets, 10s., 6d.

Thursday, 22nd July.—4.30 p.m.—Reception at the Mansion House by the Lord Mayor and the Lady Mayoress.

Evening: Theatres, etc.

Friday, 23rd July.—5 p.m.—Tea at the Irish Village, the International

Imperial Exhibition, Shepherd's Bush. Hostess, the Hon. Albinia Brodrick. By invitation. Visit to the Exhibition.

Saturday, 24th July.—Visit to Windsor Castle and Royal Domain. Special railway tickets, 2s. 6d.

### **The Relations of Nursing and Medicine.**

Miss A. W. Goodrich, R.N., president of the American Federation of Nurses, presided at the afternoon session, and said that, after the beautiful and comprehensive address and papers which had been presented in the morning, little remained for her to say, but she would like to emphasize the fact that it did not matter whether they discussed the problems of those who ministered to the sick in hospitals or in tenement districts, they themselves held the key and the secret. Only those who loved the poor should try to help the poor. Wherever nursing problems were discussed one became more and more impressed with the fact of the need of women in the nursing profession who would consider these problems from the standpoint of the community at large as well as of their profession, and further, that unless nurses had a deep love of their profession, as well as high purpose they could not meet all the demands made upon them.

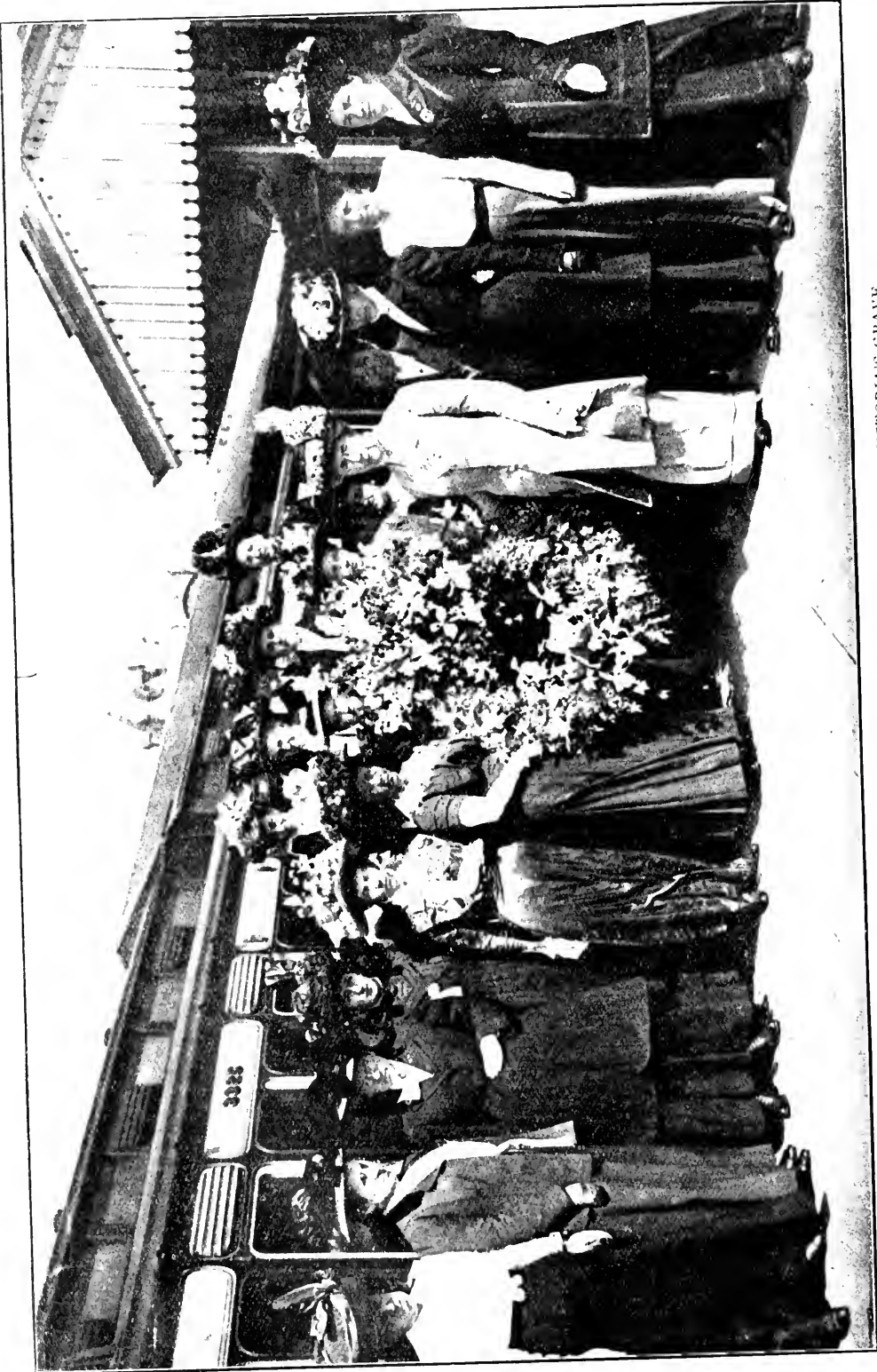
The President of the Session then called on Miss Mollett to present her paper.

#### **THE GENERAL PRINCIPLES GOVERNING THE RELATIONS OF THE MEDICAL AND NURSING PROFESSIONS.**

Miss Mollett said that no one doubted the existence of a medical profession. Well organized, well equipped, holding a distinct mandate from the public to act on its behalf in all matters connected with disease and health, it enjoyed in a really extraordinary manner the thoroughly well deserved confidence and trust of the public. And the position of the medical profession was based on a sound foundation. It was possible to be peaceful and indifferent enough to pass through life without troubling either a lawyer or a clergyman, but very, very few of us escaped the doctor. He ushered us into the world, he assisted us to leave it, and in the interval he vaccinated us, saw us through measles, scarlet fever, mumps, and the more alarming disorders of our later life. We looked to him to deliver us from the results of our follies and misfortunes. It was to him we turned for relief from pain, for help in the thousand ills that the flesh is heir to. No calling was more well established and justly popular with all classes. None more indispensable. What position, then, towards the great masters of the healing art did the nurse hold? What was nursing as a whole to medicine?

Arguing from one point of view it was quite possible to doubt the need of a nursing profession at all. Arguing from another, and from one, she believed, justified by results, it held an exceedingly important position in the treatment of disease.

Miss Mollett dealt with the general principles that govern the relations between the medical and nursing professions. She dwelt upon the fact that while nursing in its simplest form is older than medicine, in fact as old as humanity, it is to medicine we owe the endeavor to deal with disease and



CANADIAN NURSES ON THEIR WAY TO LAY A WREATH ON QUEEN VICTORIA'S GRAVE.

injury from a scientific standpoint. So it is to medicine that the nurse owes the fact that her work is no longer carried out in haphazard fashion, but in obedience to scientific principles. It is to her connection with medicine that she owes further the appreciation of the intellectual side of her work. At the same time Miss Mollett warned nurses against allowing the natural and legitimate interest they must take in the scientific side of their work as assistants of the physicians and surgeons, to obscure from them the fact that no good doctor would wish them to forget that they were first and foremost nurses. A nurse must never forget the old *primaeval* instinct—old as the nursing instinct of motherhood—of compassion and pity for battered and diseased humanity. Whilst loyally endorsing the voluntary subordination of the nurse to the doctor, she reminded her hearers of the saying: "Render unto Caesar the things that are Caesar's, and unto God the things that are God's."

The President of the Session said she was sure they had all listened with pleasure to Miss Mollett's interesting and inspiring words. She then called on Dr. Robert Sevestre, assistant physician at the Leicester Infirmary, to present his paper.

#### THE HISTORICAL, SCIENTIFIC, ETHICAL AND PERSONAL RELATIONS OF NURSING AND MEDICINE.

Dr. Sevestre said he would like to be amongst the first to congratulate Miss Mollett upon the paper she had just read, and to thank her, not only in his own name, but in the name of the medical profession, for her very courteous remarks concerning it.

##### HISTORICAL RELATION.

He proceeded to deal with the historical relation of nursing and medicine which, he said, had been a close and constant one. It might be said to be a partnership in which nursing had always been the senior partner; thus Professor Osler in one of his writings mentioned a tradition of Eve nursing her grandson Enoch, and instructing his mother, Mahala how to comfort and soothe him, a tradition which might well be believed to be true. An account of the time when women combined the two professions could, Dr. Sevestre said, be found in the histories of medicine, and, "in that charming book, 'A History of Nursing.'" He merely wished to direct attention to this aspect of the subject, for traditions were not only of value in helping to avoid mistakes, but also in forming ideals and inspirations for future efforts.

##### SCIENTIFIC RELATION.

One of the darkest periods in nursing was in the eighteenth century, and it was only in the last fifty years that nursing had risen to be a profession. The progress had been truly astounding, and one that very few people, even among doctors and nurses, realized or understood. This progress, moreover, was bound to be maintained, for as long as the science of medicine advanced, that of nursing would advance also, and the time could not be far distant when highly skilled nursing would be considered, more generally than at present, a branch of medicine.

In the training for medicine, and, indeed, for any science, keen observation and minute exactness of detail were most essential, and were early inculcated into the student; these very qualities were required in nursing, together with a knowledge of the laws of health, and of the normal functions of the human body obtained in the study of anatomy, physiology, and hygiene, subjects in which students of both medicine and nursing should be well grounded.

Dr. Sevestre contended that the need of scientific training for nurses should be more recognized, as its importance was becoming greater day by day. For instance, the majority of operations were completely dependent for their success on the aseptic environment of the patient, which depended on the most minute care and attention on the part of all brought in contact with him in any way.

Again, it was not only in surgical nursing that the scientific spirit was required. Skilled nursing was invaluable, but without keen observation, and trained intelligence to value correctly the facts observed, an early perforation in a case of enteric fever might be overlooked and many precious hours lost.

Sufficient attention was not always paid to this part of a nurse's training, different schools had different standards, and there was no recognized portal of entrance to the nursing profession. The gain would be great if there were a recognized standard of knowledge required as in the case of other professions. Troubles did not arise from increased knowledge, danger lay rather in half knowledge. With a closer scientific relationship, a deeper sense of responsibility, greater confidence between doctors and nurses would develop. In the address of the President of the Council the future expansion of nursing was clearly and admirably outlined, inasmuch as the two professions were not only associated in the relief of suffering, but, in the future, would be associated in the maintenance of health. There was all the greater necessity, therefore, for an increase in the standard of training and knowledge.

#### ETHICAL RELATION.

Dr. Sevestre said that not the least of the advantages that nursing had been to medicine was that the work of medical practitioners had been made easier. The advent of the nurse brought a sense of relief to the doctor, order out of chaos, and soothed and quieted the fretted nerves of patients and friends. Nursing was thus a therapeutic and remedial agent of great value.

The speaker said that to lay down any set of rules for the guidance of the two professions in their relationship to each other would be well nigh impossible. The application of common sense, and that indefinable quality called tact, should solve many so-called ethical difficulties. The two professions were closely allied, everywhere all doors were open to them, they belonged to the privileged classes, but they must not pride themselves too much on this, for the privileges were few and the responsibilities heavy.

#### PERSONAL RELATION.

The personal relationship between doctor and nurse was, on the whole, of the happiest description. This rested on several factors, i.e., a community of interest, a regard for the difficulties and dangers of each other's callings,



a mutual confidence in matters referring to the welfare of the patient, and a mutual respect which increased with experience.

Dr. Sevestre concluded an admirable paper by saying that this great Congress illustrated the fact that nursing was a world-wide profession, following everywhere the same methods, actuated by the same ideals, and seeking the same objects. Of all the professions the same could be said alone of medicine, and he was sure it was the wish of everyone that these relations should be characterized by unity, peace and concord.

The President of the Session said she was quite sure that everyone present must be touched by Dr. Sevestre's beautiful address. It had always seemed to her a most glorious thing that it was not necessary for doctor and nurse to have the same creed, nationality, or color. What bound them together in their relations to one another was that both were working for the same great end. If they could not altogether alleviate suffering, at least they could make the last days of the sufferers as easy as possible.

Sister E. von der Planitz presented a short paper in which she said that the relations between doctor and nurse have been rendered difficult in Germany for two reasons, the excessive submission to doctors of religious Sisters, and the experience of doctors in connection with hospitals managed by religious communities.

She gave as an illustration of the first point the case of a Sister of the educated classes who was dismissed from a Mother-House because she refused to help the doctor on with his goloshes and turn up his trousers, this being regarded as a refusal to obey orders when on duty, and, of the second, that of a doctor who resigned his position in a hospital because, against his stringent orders, the bandage on the head of a patient who had been trephined was changed, and the wound washed with camomile tea, because the Mother Superior would not allow any deviation from the ordinary rule.

At the present day there was still a difficulty in bringing about the right relations between the two professions, because the increasing number of educated nurses made it necessary for the doctors to adopt a different attitude towards them, and many doctors found it inconvenient to be obliged to show a certain amount of consideration and more self-control, and preferred the uneducated nurse, whom they could treat uncereemoniously. Among some nurses there was a regrettable lack of dignity, a tendency to flirt, and the endeavor to render personal services in order to incur less severe criticism of their professional inefficiency. The tone of the relations between doctors and nurses in a hospital depended on the personality of the nurses, and of the medical director. If the latter had no respect for womanhood it was generally wanting in his subordinates, and very frequently if a doctor was obviously in the wrong with regard to a sister the medical director would take his part all the same, and the only thing left to the sister was to go.

So long as we had to reckon with a number of average individuals in both professions, and so long as all the power was in the hands of men, these difficulties would exist. When a sister of high personal excellence worked

with a doctor of the same quality the relations were satisfactorily regulated in the most natural way.

It was to be hoped that the growing organization of the sisters might enable them to gain the necessary discipline, and to develop the necessary respect on the part of the doctors.

Mrs. Bedford Fenwick said that so long as the profession of medicine was highly organized and disciplined, and that of nursing disorganized and undisciplined, it was very difficult to maintain just relations between the two. She entirely agreed with both Dr. Sevestre's and Miss Mollett's papers, but there were other points to which attention might be drawn. One effort of the rapid and marvellous evolution of medicine in the last thirty years was that it had left the medical student very little time to acquire the practical elements of his work. When she was a probationer, and also a Sister, many of the young members of the medical staff took part in nursing the patients. It was a doctor, and not a Sister, who taught her many of the practical parts of her work. Now there seemed to be a great gap in the training of medical students, yet doctors ought to be taught, and to understand, the elements of nursing, because, as private practitioners, they would have to supervise and be responsible for the nurse's work. As the doctor must have someone to help him who could understand the scientific principles underlying his directions, it was absolutely necessary that the theoretical education of the nurse should be much more thorough. Whilst the pupil nurse needed instruction in elementary anatomy, physiology, hygiene, sanitation, dietetics, therapeutics, and bacteriology, the medical student should be taught the elements of practical nursing. Both could then start fair in private practice. In the medical world etiquette was well defined, but there was no code of ethics regulating the etiquette between the two professions; everything depended upon the personality of the doctor and the nurse who were working together. A doctor might be most considerate, kind, and sympathetic with a nurse, or he might be quite the reverse.

The nursing profession needed a code of ethics, and the organization of the nursing profession should be on much the same lines as that of the medical profession. Nurses should be taught from the moment they entered a hospital that they had a responsibility to the profession as a whole, and not merely to one patient or one hospital. It did not matter whether they stayed in hospital or went elsewhere, their relations to the medical profession should be regulated by definite rules. A medical man would not consult with a quack. But a large number of medical men thought nothing of engaging nursing quacks, and moreover they thought nothing of requiring trained nurses to work with these on terms of equality. For instance, a certificated, three years' trained nurse might be engaged for a case, but it did not follow that the second nurse employed would be properly qualified also. As there was no accepted standard for a trained nurse in this country the well-trained had no redress.

There were relative obligations incumbent on the professions of nursing and medicine, and the advice of the philosopher, quoted by Dr. Sevestre, "what you do not like yourself, do not do to others," was sound.

Therefore, the medical profession, which considered it just to the public to refuse to co-operate with quacks in their own profession, should do more than they had done in the past to protect nurses from having to work with semi-trained and inefficient women on terms of equality.

Unfortunately there were still quite a number of medical men who did not recognize that there was a profession of nursing; they were most kind, courteous, and considerate, but to them the profession, as a profession, did not exist, and they had no desire that it should do so. The chairman of the London Hospital, in giving evidence before a Select Committee of the House of Commons, substantiated his unreasonable opposition to the organization of the profession of nursing by stating that when the King of this country was ill he was not nursed by one who had fulfilled the full complement of three years' training. Apparently it did not appeal to him that the King was thus nursed by a woman who had not received what most English hospitals consider a necessary term of training.

Mrs. Fenwick claimed that the relations between the medical profession and the nursing profession could never be thoroughly satisfactory until nursing, like medicine, was legalized by the state, and their official and ethical relations defined.

Mrs. Hampton Robb said that exactly the same thing had happened in connection with the illness of the late President McKinley, as Mrs. Bedford Fenwick had described. The nurse who attended him had never had a general training, but had only been in a gynaecological hospital.

Miss L. L. Dock said she wished to speak upon a point which was rather difficult to touch upon, perhaps because it was a criticism of the medical profession. She was becoming convinced that, in America at least, they would soon have to appeal as an organized body of women, to the highest medical body in the land to consider whether it was not time for them to establish an ethical provision in their code in regard to the professional right of medical men to have financial, commercial and mercenary interests in nurses' training, which effectually prevented them from looking upon the education of the nurse from a high plane. She believed it was not the case in England for doctors to have such an interest in nurses, and also that in Australia it was not considered ethical for physicians to traffic in the work of nurses. But in Germany they also had this difficulty, and as the nurses of each nation would individually rather hesitate to put themselves on record as criticizing the behavior of their own physicians it would be left to this international body to ask those doctors to desist from the practice on the grounds of its being unprofessional and unethical.

In America it was quite common for physicians to establish what were called training schools in their own private hospitals, run as their private property, for the reason that they could thus get a better grade of woman on more advantageous terms to themselves. They frequently added to this ethical sin by sending these nurses to private duty before they were fully trained, putting them on special cases, and taking their fees, and then, in two years or so, sending them out from the hospital with a diploma given on their own individual initiative. They were sent out thus quite regardless of

their own future fate as workers, or the future fate of the people they are to take care of. In America it had been the hardest trouble in the organization of the nursing profession, and she could assure any medical man present that it had been the greatest trial of American nurses to enter into an armed conflict with the men they would wish only to respect. There were, however, cases where they were not able to respect the men whom they saw deriving benefit from a quack-nursing traffic.

She did not know whether there were other countries where medical men conducted a commerce in nursing to the advantage of their own pockets, but she thought that unless medical men in Germany and America did not before long eradicate this evil, and place something on their code of ethics which would make it known to the medical profession at large that the highest ideals of their profession did not uphold them in making money out of spurious nursing trading, then we should have to make an appeal to them and advise them that this new ethical provision was very badly needed.

Miss Maxwell and Miss Dock had not mentioned the correspondence schools in America, which were carried on by the medical profession. Nurses were being educated through courses and lectures by post, for which the doctors charged large fees. For instance, a fee of fifty guineas was charged for a course of obstetrical training, and those taking it never saw an obstetrical case. That was another unethical thing. In regard to the training of the medical student, some hospitals gave instruction in nursing to the medical men as a complement to their education in the college. They were taught how to prepare an operating room, to cook certain things, how to make certain preparations for surgical and medical appliances, and how to take care of instruments. So many instruments were ruined by medical men who did not receive such instruction that it was felt something of the kind was necessary.

The President of the Session said she was glad Miss Maxwell had brought out the point of the instruction of medical students. In New York they had been very much indebted to her for a great improvement in this direction. She had organized demonstrations in practical work, and her efforts had been very far-reaching.

A Canadian member of the Congress said the medical men of the universities there had requested that the students should be taught all the things which had been mentioned that afternoon, and regular demonstrations took place each session at which the young men were taught the elements of practical nursing.

Miss Ella Wortabet spoke of the different treatment which she had experienced from medical men, both in hospital and in district work. Some were courteous; she thought they took their tone from the matron. Others spoke to her with their hats on. She thought the nursing profession should be dignified and not servile, and that there should be courtesy on both sides.

Miss Isla Stewart said that she was trained at St. Thomas' Hospital, and had been matron of a smallpox hospital, a fever hospital, and of St. Bartholomew's Hospital, her experience as a matron amounting to nearly

twenty-five years, and she had never met with discourtesy in the whole course of her official relations with medical men.

Sister Karll said she was very much impressed by an article which appeared in "Nosokomos" some years ago, in which Dr. Bilsma, a Dutch medical man, advocated classes for medical students at which a matron should be the teacher. It was the first time she had ever heard such a suggestion from a medical man. He said that doctors often worked in distant countries where they could get no nursing assistance, and therefore all medical men should be taught the elements of nursing. In Germany this was not done, though one of the largest institutions for teaching professional women had instituted a course to teach medical practitioners invalid cookery, and next winter a course was to be started for nurses.

Sister Karll endorsed Mrs. Bedford Fenwick's remarks about the necessity for organization. Recently a case occurred in which a nurse in one of the largest hospitals in Berlin was badly treated by a young doctor in the ward, in connection with some work which she really had not been ordered to do. The director of the hospital supported the nurse, and the doctor was dismissed, and one of his friends resigned also. But doctors in Germany were so well organized that the nurse had to go in the end, because it transpired that if the doctors left the hospital their union would have prevented other medical men from applying for the posts. One hundred and twenty nurses of that hospital, who did not belong to the German Nurses' Association, applied to it to take up their cause. In self-protection it was absolutely necessary that nurses should organize.

Miss Christina Forrest said that during many years spent in three hospitals as nurse and matron, and as superintendent of a large private nursing home, where she had been brought in contact with hundreds of doctors, she could only remember the courtesy and kindness with which she had been treated by them, not did she believe that one per cent. of her large staff of nurses would complain of discourtesy. They constantly reported how good the doctors were in supporting them through difficult times. Personally, if she were in the smallest trouble she went to a doctor to help her out of it.

Mrs. Kildare Treacy spoke of the invariable courtesy she had received from distinguished Irish doctors as the superintendent of a very large private nursing institution in Dublin.

The Hon. Albinia Brodrick emphasized the fact that the professions of medicine and nursing were distinct, and this should be clearly borne in mind by nurses, as it would keep them from interfering in things about which they had no concern. She always found that the more enlightened the doctor the more he realized that the professions were distinct. Nurses did not pretend to diagnose or to take the doctor's place. If they did they would be quacks. But it also seemed to her that the nursing profession was not a humbler nor a simpler one than the doctor's—it was a different one. She respected the medical profession. Medicine and nursing were a co-operation in which medicine was the senior partner. Nurses were constantly learning from medical men, but they should not expect instruction from them on nursing matters that they should have had in their own schools, and the instruction there received should be augmented by observation and experience; but they

could not expect the medical man to take up his time in teaching nurses their work. Medicine and nursing were so intimately connected that it was impossible to dissociate them. They must go hand in hand, and provided each of them was aiming at the highest there would be no strained relations.

The President of the Session said that the case of the two professions was really that of the lock and the key. She felt such a great admiration for the medical profession, and such a deep love for her own, that she was impelled to add these few words. She had always found the greater the man the greater the woman. The greater the humility the greater the courtesy.

The session closed with a hearty vote of thanks to Miss Goodrich for presiding, proposed by Mrs. Bedford Fenwick.—*From the British Journal of Nursing.*

#### Letter on Behalf of Miss Nightingale, O.M.

The first act of Sister Agnes Karll when elected President of the International Council of Nurses was to send its greetings and assurances of grateful devotion to Miss Florence Nightingale. The following letter, received by the president from Mr. Shore Nightingale, was read by her to the Congress at the morning session on Friday, July 23rd, and gave much pleasure to the Congress:

1, Devonshire Place, Portland Place, W., 22nd July, 1909.

Dear Madam,—I write on behalf of my cousin, Miss Florence Nightingale, to thank you for your very gratifying letter of greeting to her from the International Council of Nurses.

I am sure you will regret as much as I do that her great age and infirm health prevent her from giving you her personal thanks for the warm approval of her work which the Council have been good enough to send through you.

I am, dear madam,

Yours faithfully,

L. H. Shore Nightingale.

Sister Agnes Karll,

President, International Council of Nurses.

#### THE NURSING EXHIBITION.

Large Hall, Caxton Hall.

#### Nurses' Practical Exhibits.

##### TABLE I.

##### *Maternity Nursing Exhibit.*

ORGANIZED BY ST. JOHN'S HOUSE NURSES' LEAGUE.

*Organizing Committee*—Nurses Davis, Frisby, K. Walker, Collins, Waugh, and Richardson.

*Principal Exhibits.*—Model of mother's bed and bedding. Baby's cot, bedding, and basket. Specially designed nightdress and jacket for mother. Binders. Flannel petticoat to be worn during labor. Pulley. Breast support. Baby's monthly gown, petticoat, and long flannel. Baby's vests. Flannel binders. Pilches. Selvyt mackintosh apron. Flannel apron. Dolls dressed in indoor and outdoor uniform of St. John's House.

*Queen Charlotte's Hospital.*—Special bed bath. Doll dressed as the babies are dressed at Queen Charlotte's Hospital.

*General Lying-in Hospital, York Road, Lambeth.*—Incubator. Doll dressed in garments specially made for premature infant.

*The Aberdeen Maternity Hospital.*—District nurse's appliances, bag and basket complete.

*The Hackney Maternity Hospital and Nursing Institution.*—Doll dressed as Salvation Army nurse.

*Messrs. W. H. Bailey and Son, 38, Oxford Street, W.*—Model of maternity bed, with baby's cot attached.

*Medical Supply Association, 228, Gray's Inn Road, W.C.*—All necessary nursing requisites.

*Messrs. Southall Bros. and Barclay, Ltd., Birmingham.*—Complete accouche-ment set. Two miniature accouchement sheets.

## TABLE II.

*Dressings and Appliances used in Nursing Injuries and Diseases of the Head.*

ORGANIZED BY THE LEICESTER INFIRMARY NURSES' LEAGUE.

*Hospitals Sending Exhibits.*

Leicester Infirmary, Royal London Ophthalmic Hospital, Royal Eye Hospital (Southwark), Central London Ear and Throat Hospital, Liverpool Eye and Ear Infirmary, Royal Infirmary (Sheffield), Midland Eye Hospital (Birmingham), Royal Hants County Hospital, District Nurses' Home (Hunslet, Leeds), Brighton Throat and Ear Hospital.

## EXHIBITS.

*For the Eye.*—Ophthalmic dressing box. Appliances for sterilizing dressings and instruments. Appliances for applying ointments and lotions. Materials for making, and instruments for applying styles. Undine with stand (for irrigation of the eye). Ointment and instrument stand and trays. Artificial leech. District nurse's ophthalmic case. Appliances for hot and cold treatment. Appliances for treatment of ophthalmic neonatorum.

*For the Nose and Mouth.*—Snarcs threaded with wire. Nasal feed apparatus. Appliances used in nursing cleft palate and hare lip. Tongue cloths. Splints and bandages for jaw. Lights for examining the throat. Throat sprays. Appliances used for tracheotomy.

*For the Ear and Head.*—Cocaine syringe. Ear caps. Pneumatic ear cushion. Ear probes, plugs, and bandages.

*Included in Other Sections.*—Boots for surgeon's use, designed by Miss A. Sellar, member M.L.I.N.L. Abdominal binder. Handkerchief bag for patient's use. Amputation retractors (linen). Mortuary quilt.

## TABLE III.

*Nursing Appliances in Wards and Operation Rooms.*

ORGANIZED BY ST. BARTHOLOMEW'S HOSPITAL NURSES' LEAGUE.

Private operation box. Miss Marcon. Overdressings used by Mr. C. B. Lockwood, F.R.C.S., Sister Lucas. Special splints, Sister Lucas. Appliances

for fractures, Sister Henry. Head fixture for tracheotomy case, Sister Radcliffe. Straps for fixing child in bed, Sister John. Abdominal bandages, Sister Martha. Old appliances and pewters and prints, Sister Mark. Reproduction of old pictures in St. Bart.'s, Sisters Faith and Rahere. Dolls dressed as sister, staff nurse, and probationer, Sisters Henry, Luke, and Casualty.

## TABLE IV.

*Irish Exhibit.*

ORGANIZED BY THE IRISH NURSES' ASSOCIATION.

*Organizing Committee:* Miss MacDonnell, R.R.C., Miss Reeves (Lady Supt. Royal Victoria Eye and Ear Hospital), Miss Sutton (Lady Supt. St. Vincent's Hospital), Miss Crowther (Lady Supt. St. Patrick's Home, Q.V.J.I.), Miss Egan (Lady Supt. the Coombe Hospital), and Miss Carson Rae (Lady Supt. Cork Street Hospital, Dublin).

## PRINCIPAL EXHIBITS.

Nursing appliances in use at the Rotunda Hospital, Dublin, Miss Ramsden (Lady Supt.). Bed rest and hot water dish, designed and exhibited by Miss M. Huxley. Special bandages, etc., in use at the Adelaide Hospital, Miss Pate (Lady Supt.). Bed rest, designed and exhibited by Miss Reidy, matron, Drogheda Memorial Hospital, Curragh Camp. Sterilizer for instruments; improvements suggested by members of the staff of the Coombe Hospital, Dublin; exhibited by Miss Egan (Lady Supt.). Exhibit by Miss L. V. Haughton, Lady Supt., Sir Patrick Dun's Hospital, Dublin. Dolls in uniform, and badges of about thirty Irish hospitals.

## TABLE V.

## INTERNATIONAL EXHIBITS.

Exhibit by German Nurses' Association, including groups from two children's institutions. The Army Nurses' uniform (by permission of the Minister of State for War).

Exhibit from the Gisela Hospital, Munich. Exhibit by Miss van Lanschot Hubrecht, secretary Dutch Nurses' Association.

Doll in the costume of "La Source" Training School, Switzerland.

Four dolls dressed in the nursing uniform of the "Assistance Publique," Paris. The head nurses and the Salpêtrière's pupil in full dress and in hospital uniform, with special caps of each grade in the Paris hospitals. Sent by the pupils of the Nursing School of the "Assistance Publique" at the Salpêtrière Hospital, Paris.

Exhibits from Bordeaux, Berne, Basle, Amsterdam, and New York will be found in the District Nursing Section, room 15. Box with every requisite for school nursing in ante-room No. 1, is sent by the pupils at the Salpêtrière Nursing School.

## TABLE VI.

*Nursing Literaturc, Orders, Medals, Badges and Brassards.*

ARRANGED BY THE REGISTERED NURSES' SOCIETY.

1. Books written by trained nurses.
2. The official organs of National Councils affiliated to the International



Council of Nurses, "The British Journal of Nursing" (United Kingdom), "Unterm Lazaruskreuz" (Germany), "The American Journal of Nursing" (United States of America).

3. Official organs of Organized Societies of Nurses.
4. *Orders*.—Royal Red Cross and Greek Red Cross.
5. *Medals* awarded by hospitals and institutions.
6. *Badges*.—Nurses' Societies and Nurses' Leagues.
7. *Brassards*.

## NURSES' PRACTICAL EXHIBITS.

### ANNEXES.

Ante-Room No. 1 (through the Large Hall).

#### I.

##### LONDON MISSIONARY SCHOOL OF MEDICINE EXHIBIT.

(Kindly lent by the Committee and Dr. E. A. Neatby, hon. secretary.)

Model cots, fitted by Sister Marian Rumball.

1. Case of hyperpyrexia, showing use of ice for reducing temperature.
  2. Model of extension for hip disease (old style).
  3. Case of burns of head and arms.
  4. Model of cradle for suspension of fractured leg.
  5. Model of splint for flexion after tenotomy.
  6. Model of extension for spinal caries.
  7. Case of diphtheria, showing tracheotomy tube inserted, steam kettle, and curtains.
  8. Brain case, showing use of Leiter's tubes.
  9. Heart case, showing use of Southey's tubes.
  10. Model of apparatus for giving hot air treatment in bed.
  11. Model showing application of Bryant's splint for hip disease.
  12. Model showing method of treating fracture of the thigh in an infant.
- Various models showing first aid and finished bandaging.  
Typical temperature charts, malarial diagrams, etc.

#### II.

##### SCHOOL NURSING EXHIBIT.

In charge of Miss H. L. Pearse, Superintendent of School Nurses under the London County Council, and of the School Nurses' League.

Papers and reports showing methods and result of school work, charts of school epidemics, model baby room, model cot.

Box containing every requisite for school nursing. Sent by the pupils of the Nursing School of the "Assistance Publique" at the Salpêtrière Hospital, Paris.

#### ANTE-ROOM No. 2.

##### MORTUARY EXHIBIT.

Arranged by Miss Greenstreet, late Sister of Mark Ward, St. Bartholomew's Hospital, E.C.

Bier and pall, mortuary lights, Prie Dieu, models, small altar and fittings, small travelling communion set, A. R. Mowbray and Co., 34 Great Castle

Street, W. Mortuary linen, Miss E. M. Jones, Matron Royal Infirmary, Liverpool. Children's bier, with linen and pall, Miss G. Payne, matron, Hospital for Sick Children, Great Ormond Street, W.C. Adult pall, Miss Phillips, matron, Hostel of St. Luke, Nottingham Place, W. Linen and pall, Miss C. Hoadley, matron, London Homoeopathic Hospital, W.C. Linen and pall, matron, Seacroft Hospital, near Leeds. Children's pall, St. Albans, Holborn.

#### ROOM XV (First Floor).

##### DISTRICT NURSING SECTION.

Organized by the Lady Hermione Blackwood, Queen's Nurse; Miss C. C. du Santoy, County Superintendent for Somerset, Q.V.J.I.; and Miss E. L. C. Eden. Central Organizer: Nurses' Social Union.

The frieze in this room is painted by Miss Platt. The lines of the design are made by a bandage showing a reef knot, clove hitch, spica, etc. The bandage is dropped by an old Gamp, and the other end taken up and applied by Queen's Nurses, who are shown attending to childhood, youth, and old age.

##### PRINCIPAL EXHIBITS.

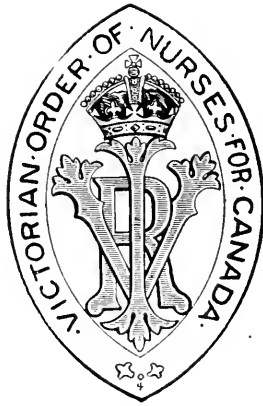
Extension model, staff of Carnforth Lodge, Hammersmith. Packet of dressings done up for sale to patients, Miss Bullock. Medicine cupboard, etc., Ranyard Nurses. Stump cap, Miss Loane. Carrying chair, irrigating syphon, sterilizer, Miss Hadden, Q.V.J.I. Hoop cradle, paper ear trumpet, paper blanket, meat safe costing 4½d., etc., Nurses' Social Union. Basket to keep water hot, aluminum district case, mosquito hat, glove and shoe for rheumatic cases, etc., Miss E. L. C. Eden. Home-made cupboard for baby clothes, etc., Bedford Hospital Guild. Steam tent, Miss Vaughan, Westminster District Nursing Association. Model bed for lying-in cases, handy bed rest, invented by District Nurse, potato squeezer used for fomentations, etc., Midwives' Inst. Sterilizers, district bag, Queen's uniform (Scotland), water-color paintings, etc., Miss Cowper, superintendent Scottish Branch Q.V.J.I. Bag and appliances used at Nurses' Settlement, New York, Miss Hitchcock. Model of bed from tree trunks for helpless cases, restraining sheet, straight jacket, etc., Miss Elston, Tondou Hospital, Bordeaux. Pads filled with linseed husks, Red Cross Training School for Nurses at Berne. Bed rest and mattress with frame for mackintosh, Miss C. J. Tilanus, Amsterdam. First aid and transport expedients, made by Instructor Humel of the Samaritan Association, Basle. Cuban baby's layette, photographs, doll, etc., Miss Hibbard, Cuba.

Dolls showing costumes of those who have nursed the poor in their own homes, Sister of Charity, Plague Attendant, Monk and Nun of Nursing Order, etc.

Model of Irish cabin. Lady Hermione Blackwood's model, showing village maternity case "before and after" the advent of the certified midwife.

Model of one-room town dwelling before and after the advent of the Queen's Nurse.

Photographs, books and leaflets, and many other interesting and useful exhibits.



Miss G. Heales, for over two years superintendent of the Lady Minto Hospital at Melfort, Sask., resigned her position, July 15th. Before leaving, a farewell reception was tendered her at the residence of Mr. G. B. Johnston, when a handsome gold watch, suitably engraved, together with the following testimonial, was presented to Miss Heales:

Miss G. E. Heales, first lady superintendent of the Lady Minto Hospital at Melfort:

Dear Miss Heales,—On the eve of your departure from Melfort, and the close of your connection with our hospital, we have much pleasure in presenting you with this testimonial, as a small memento of how greatly your services have been appreciated by us, and it is with feelings of sorrow that we realize this is the last opportunity of meeting you as lady superintendent.

From the time of opening our hospital to the public, in February, 1907, to the present, you have been its guiding spirit, and we feel that it is principally owing to your untiring energy, good management and care that the institution has been so successful.

The good wishes of the board as a whole and individually will follow you in your course through life, and wishing you much happiness in the future, we remain, your obedient servants, G. B. Johnston, president; S. J. Greenwood, vice-president; Reginald Beatty, secretary-treasurer; E. J. Crawford, R. G. Wood, A. E. Wild, W. Clift, G. B. Jameson, J. Hatton, A. E. Code, W. D. Brown, F. C. Whitehouse, directors.

Miss Hammond, for over four years superintendent of the Victorian Hospital, Shoal Lake, Man., resigned her position there August 21st. On August 23rd, the directors and a number of Miss Hammond's other friends met at the residence of Mr. W. A. Findlay to bid her farewell. An interesting musical programme was given, after which Mr. Ingersoll, on behalf of the citizens of Shoal Lake, presented Miss Hammond with a very dainty Limoges five o'clock tea set, in white and gold, a dozen silver tea spoons and sugar tongs, together with the following testimonial:

Dear Miss Hammond.—It was with regret that we as citizens of Shoal Lake learned that you had resigned the matronship of the Victorian Hospital

and intended to depart from our midst. During your stay here, our hospital has abundantly flourished, due in a very large degree to your ability and splendid skill as chief nurse. Not only within its walls, but in our homes as well have you been ready to give the work and care so needed and so valued in times of need. We desire you to know that the citizens of our village and community have appreciated what you have been to us, and regret that the time has come to part with you.

May we ask you to accept the accompanying gift as a very slight token of our regard and as a memento of your stay in this place?

W. A. Findlay, A. J. Fraser, Jas. Macdonald, A. Leishman, M. C. Vibert, E. E. Speer, W. W. Ingersoll, Mrs. Lawson, Clara Fraser.

A post-graduate course in district nursing—four months—is given at one of the three training centres of the Order, at Ottawa, Montreal, or Toronto. For full information, apply to the Chief Superintendent, 578 Somerset Street, Ottawa, to the Montreal District Superintendent, 76 Mackay Street, Montreal, or to the Toronto District Superintendent, 206 Spadina Avenue, Toronto.

Many positions requiring nurses with superior qualifications and marked executive ability are filled from the ranks of the Victorian Order nurses every year.

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## The Guild of

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## Saint Barnabas

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### CANADIAN DISTRICT

**MONTREAL**—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 6.15 p.m. Last Tuesday Holy Communion at R.V.H., 6.15 p.m.

*District Chaplain*—Rev. Arthur French, 158 Mance Street.

*District Superior*—Miss Stikeman, 216 Drummond Street.

**OTTAWA**—The Cathedral, First Monday.

*Chaplain*—Rev. Canon Kitson, the Rectory.

*Local Superior*—Miss L. C. Wicksteed, 494 Albert Street.

**TORONTO**—St. James' Cathedral Rectory, last Friday, 8 p.m.

*Chaplain*—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.

*Local Superior*—Mrs. Welch.

*Secretary*—Miss Maud Roger, 5 Howland Ave.

**I**T is time surely, that we heard the last of the unjust, ungenerous objection urged against Religious Guilds, that they imply a profession of superior goodness. We join a Guild, not because we are holier than other people who do not, but simply because we desire to be better than we are. God has touched our hearts with some discontent at our spiritual poverty, with some hope of nobler, more abundant life. A golden vision has shewn itself by glimpses to us, a vision beautiful exceedingly, of the possibilities of Christian life, of Christian work, of the life and work of a Christian nurse. Sympathy in a common aim, common hopes, common fears, have drawn us together, We join hands and invoke upon our venture the guidance and the blessing of our Sovereign Lord and Master, Jesus Christ.

*From "The Origin, Aims and Methods of the Guild."*

# My Scallop Shell of Quiet

GIVE me my scallop-shell of quiet.  
My staff of faith to walk upon.  
My scrip of joy, immortal diet,  
My bottle of salvation,  
My gown of glory, hope's true gage;  
And thus I'll take my pilgrimage.

Blood must be my body's balmer;  
No other balm will there be given:  
Whilst my soul like quiet palmer  
Travelleth toward the land of Heaven:  
My soul will be a-dry before,  
But, after, it will thirst no more.

—Sir Walter Raleigh

## *Beliefs which give Life*

Now and then there is a case in which I am paid little, or, as I am glad to say, nothing at all. One nurse to whom I appeal may in such a case decline to accept lessened wages; another is glad to share with me a noble privilege, and then I know what manner of helper God has given me, and am pretty certain not to forget it. But not to be paid is not in itself a virtue. There is an impression that the unpaid nursing of the religious orders of any of the churches must be the best nursing. I do not so believe; but have you anything to learn from these lives? I am as certain as I can be of anything, that the nurse who adds to training and to disciplined sense of duty the reinforcing value of beliefs which give life, and life more abundantly, has won a new and higher class of motives.

—S. Weir Mitchell

# The Canadian Nurse

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VOL. V.

TORONTO, OCTOBER, 1909

NO. 10

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## Editorial

### THE QUINQUENNIAL CONGRESS.

We have but one regret in connection with the Congress and that is that, being a monthly magazine, The Canadian Nurse has not more space to give to a full account of the proceedings of the Conference more especially. But we are sure our readers will profit much by what we are able to publish. "The British Journal of Nursing" truly says:

"The Congress has proved once more the great necessity for, and the widespread influence which may be exerted by, a professional journal; secondly, the results which can be achieved by professional co-operation; thirdly, the significance of organization which is purely professional in its nature; and, fourthly, the results which may be expected from such international co-operation.

"The great lesson for nurses is that, without this journal, this international gathering could not have been held, and, therefore, that the possibilities for good, which this Congress has demonstrated, demand an absolutely independent professional journal to voice the views and wishes of trained nurses, to co-ordinate their efforts, and to focus their united strength."

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### THE NURSE AS CITIZEN.

Most of the papers presented at the Congress will bear reading a second time. But this is especially true of Lady Helen Munro Ferguson's address on "The Nurse as a Citizen." It was statesmanlike in its scope and prevision, wide in its sympathies and practical in its grasp of the situation. The distinguished speaker has inherited no small share of the greatness of thought characteristic of her ancestors, and of the eloquence of her father, Canada's friend, the late great Marquis of Dufferin and Ava.

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### THE LONDON MEETING.

The Association of Canadian Superintendents of Training Schools for Nurses had what was probably the best annual meeting in the history of the Association at the Victoria Hospital, London, Ontario. The kind hospitality, the excellent programme, and the splendid executive work of Miss Stanley and all her assistants were beyond all praise, and placed the Association under a deep debt of gratitude to them. The following editorial from the London Free Press will be read with interest and appreciation:

"The citizens of London cordially welcome the women superintendents of the hospitals of the United States and Canada, who have gathered here for their annual convention. Theirs is a noble calling, and one which carries

heavy responsibilities in the faithful discharge of which they are conferring a blessing upon humanity. They have the satisfaction of knowing, too, that there can be no suggestion that their work is outside the sphere and mission of their sex. They are doing what men are not qualified to do, and are safe from their jealous reproaches.

The story of the development of the nursing profession and its elevation to the plane of dignity and appreciation which it now occupies, is a modern romance. Just as the popular notion of a hospital has been revolutionized in recent years, so has the conception of nursing as a vocation since the days of Dickens' caricatures, with the result that it now attracts the most refined and cultivated women.

"It is to be hoped the delegates will be pleased with London and its hospitality, and that they will profit by the interchange of ideas, and return with fresh inspiration for their splendid work."

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### A MESSAGE FROM THE KING TO CANADIAN NURSES.

The president of the Canadian National Association of Trained Nurses, Miss M. A. Snively, had the honor of receiving the following letter from Lord Knollys. The letter speaks for itself, and no Canadian nurse will fail to receive with loyal appreciation the message of His Majesty or to remember the signal honor granted by the King to the profession in Canada:

Buckingham Palace, 27th July, 1909.

Madam,—I am commanded by the King to thank you and the Canadian National Association of Trained Nurses for their address.

His Majesty has had great pleasure in giving them permission to visit the Mausoleum at Frogmore, and he is much touched by the words you make use of in your communication in regard to Queen Victoria.

I am, madam,

Your obedient servant,

KNOLLYS.

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### POST-GRADUATE WORK.

We would again direct the attention of our readers to the opportunities which Teachers College in Columbia University of New York offers to the nursing profession. The following is a brief official statement of it:

The Department of Hospital Economy offers during the year 1909-10 the following opportunities to graduate nurses of the requisite qualifications:

Courses of study and practice designed to prepare them for teaching and supervision in training schools for nurses.

Courses of study and practical work leading toward hospital administration.

A combination of certain courses of study in the college and in the school of philanthropy, together with practical work in the Henry Street Nurses' Settlement, and in a selected district of the Charity Organization Society.



A preparatory course for nursing of one academic year of eight months, directly connected with Bellevue and Allied Hospitals, in preparation for two subsequent years of practical training, to candidates of suitable qualifications.

Registration for this year begins September 15th and closes September 21st; session opens September 22nd.

For further information, apply to the Director of the Department of Hospital Economy, Teachers College.

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### THE FIRST CANADIAN NURSE.

Born in 1606 in Nogent-le-Roi, in France, the first Canadian nurse came to Canada with M. Maisonneuve and his forty men, having been assured by her spiritual advisers in Paris that her vocation lay in the work of a nurse in Canada. She was then thirty-four years of age, and as Mme. de Bullion had given 42,000 livres to establish a hospital on the Island of Montreal, all those interested in the new colony realized that a good superintendent for the hospital was the first necessity, and Mlle. Mance, with the courage of her soldier ancestors, came out to Canada for this purpose. Several times she returned to France, but these were only short visits. Her work in Canada was her life. She died in Montreal in 1673, and her heart, enclosed in a crystal case, was preserved in the convent chapel. A monument to her has just been unveiled. It stands opposite to the entrance to the Hospital Hotel-Dieu.

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### Editorial Notes

#### England.

**The King and Queen at Manchester.**—Manchester Royal Infirmary, a great new hospital, has been honored by the King and Queen, who formally opened it in July. They were received by the nurses, who were arranged in two long lines, through which their Majesties passed, and as they passed the nurses gave the Pension Fund salute, raising the right hand above the head. The Nursing Mirror says: "At the wards the Queen drew a cord which pulled aside a curtain showing her name on the door, and the King did the same in his ward. Sister French, who has been at the Infirmary for twenty-nine years, was in charge of Queen Alexandra ward, and Sister Reid, who has been in the institution for twenty-five years, was in charge of King Edward VII ward. The Queen spoke to every patient and gave a bunch of flowers to each, and the King also took notice of many."

#### Great Britain.

**Royal Red Cross.**—The King has been graciously pleased to approve of the Decoration of the Royal Red Cross being conferred upon the following members of Queen Alexandra's Royal Naval Nursing Service: Head Sister Miss Evangelina E. Harte, Head Sister Miss Florence H. Porter, Nursing Sister Miss Robina Falconer. Miss Evangelina E. Harte was trained at St. Mary's Hospital, Paddington, and joined the Q.A.R.N.N. Service in 1893.

# Official Department



Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Brent, Superintendent Hospital for Sick Children, Toronto; Secretary, Mrs. House, Superintendent City Hospital, Hamilton.

The Canadian National Association of Trained Nurses.—President, Miss Snively, Toronto General Hospital; Sec.-Treas., Miss Shaw, General Hospital, Montreal.

The Association of Hospital Superintendents of Canada.—President, Mr. H. E. Webster, secretary Royal Victoria Hospital, Montreal; Secretary, Dr. J. N. E. Brown, Medical Supt. General Hospital, Toronto.

The Canadian Nurses' Association.—President, Miss Baikie, 25 Lorne Ave., Montreal; Cor. Secretary, Miss Colley, 133 Hutchison Street, Montreal.

The Manitoba Association of Graduate Nurses.—President, Mrs. Bruce Hill; Secretary, Miss Isabel Gauld, 375 Langside St.

The Graduate Nurses' Association of Ontario.—President, Mrs. Currie, 175 College St.; Cor. Secretary, Miss Edith Hargrave, 146 Winchester St.

The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Brockville Graduate Nurses' Association.—President, Miss Margaret Carson; Sec.-Treas., Mrs. V. A. Lott.

The Collingwood G. and M. Hospital Alumnae Association.—President, Miss G. Morrison; Secretary, Miss J. E. Carr.

The Calgary Graduate Nurses' Association.—President, Miss Rutherford, 506 4th St. West.; Secretary, Miss Dewar, 824 8th Ave. West.

The Edmonton Graduate Nurses' Association.—President, Miss Mitchell, Supt. Isolation Hospital; Secretary, Mrs. Manson, 630 Sixth St., Edmonton.

The Ottawa Graduate Nurses' Association.—President, Mrs. H. C. Church, 81 First Avenue, Ottawa; Secretary, Miss Nellie E. Slack, 189 Metcalfe St., Ottawa.

The Fergus Royal Alexandra Hospital Alumnae Association.—President, Miss Pauline Martignoni, Supt. of Nurses, Royal Alexandra Hospital; Sec.-Treas., Miss Trout, Harriston.

The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Mrs. A. Anderson; Cor. Secy., Miss J. E. Anderson.

The Hamilton City Hospital Alumnae Association.—President, Miss Coleman; Cor. Secy., Miss Aitken.

The London Victoria Hospital Alumnae Association.—President, Miss Hannah; Secretary, Miss Gertrude Armstrong, care Mrs. Judge, Dorchester.

The Kingston General Hospital Alumnae Association.—President, Mrs. Tilley, 228 Johnston St., Kingston; Secy.-Treas., Mrs. Nicol.

The Montreal General Hospital Alumnae Association.—President, Mrs. K. H. Brock; Cor. Secy., Miss Ethel Brown.

The Montreal Royal Victoria Hospital Alumnae Association.—President, Miss Grant; Secretary, Mrs. Edward Roberts, 135 Colonial Ave., Montreal.

The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Secy.-Treas., Miss M. K. Gallaher.

The St. Catharines G. and M. Hospital Alumnae Association.—Secretary, Miss E. M. Elliott.

The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Restholm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.

The Toronto Central Registry of Graduate Nurses.—Registrar, Mrs. Downey, 554 College St.

The Toronto General Hospital Alumnae Association.—President, Miss Bowerman, 349 Sherbourne St.; Cor. Secy., Miss Ida L. Burkholder, 728 Spadina Ave.

The Toronto Grace Hospital Alumnae Association.—President, Mrs. Macquoid; Secretary, Miss Smith, 9 Pembroke St.

The Toronto Graduate Nurses' Club.—President, Miss Bowerman, 349 Sherbourne St.; Secretary, Miss Minnie Christie, 19 Classic Ave.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss Barnard, 608 Church St.; Cor. Secy., Miss B. Goodhall, 666 Euclid Avenue.

The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss Mathieson, Supt. Riverdale Isolation Hospital; Secretary, Miss Muriel Gale, Riverdale Isolation Hospital.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Power, 9 Pembroke St.; Secretary, Miss O'Mara, 9 Pembroke St.

The Toronto Western Hospital Alumnae Association.—President, Mrs. McConnell; Cor. Secy., Miss Butchart, 19 Oxford St.

The Winnipeg General Hospital Alumnae Association.—President, Miss Johns, Winnipeg General Hospital; Secy.-Treas., Miss Hood, 307 Langside Street.

The Vancouver Graduate Nurses' Association.—President, Mrs. W. F. Salsbury, 1340 Barnaby St.; Secretary, Miss Ruth Judge, General Hospital, Vancouver.

The Vancouver General Hospital Alumnae Association.—President, Miss Roycroft, 1036 Haro Street, Vancouver; Secretary, Miss Jessie Hart, 2240 Westminster Ave., Vancouver, B.C.

The Victoria Graduate Nurses' Association.—President, Miss Keast, Carberry Gardens; Secretary, Miss Ethel Morrison, 1442 Elford St., Victoria.

**ALUMNAE ASSOCIATION, TORONTO GENERAL HOSPITAL.**

President—Lucy Bowerman, 349 Sherbourne St.

First Vice-President—Ida Beam, 728 Spadina Ave.

Second Vice-President—Annie Hartley, T.G.H.

Recording Secretary—Mrs. Feeney, 44 Willcocks St.

Corresponding Secretary—Ida L. Burkholder, 728 Spadina.

Treasurer—Marion E. Hall, 18 Earl St.

Board of Directors—A. J. Scott, Grace Hospital; M. Tweedie, 53 Langley Ave.; Edith Hargraves, 146 Winchester St.

**Conveners of Committees:**

Sick Visiting—Elizabeth Field, 505 Sherbourne St.

Registration—M. E. Christie, 19 Classic Ave.

Programme—Mrs. Feeney, 44 Willcocks St.

Social and Lookout—Miss Richardson, 551 Sherbourne St.

Press—S. Caroline Ross, 1 Selby St.

Central Registry—Miss Kate Snodgrass, 644 Spadina Ave.; H. Fralick, 728 Spadina Ave.

Canadian Nurse Representative—Miss Lennox, 107 Bedford Road.

**THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.**

For the year ending October 15th, 1908.

Officers for 1908-09: Miss Barnard, President; Miss A. Clarke, 1st Vice-President; Miss L. Adams, 2nd Vice-President; Miss A. Robertson, Recording Secretary; Miss B. Goodhall, Corresponding Secretary; Miss M. Wilson Treasurer; Miss M. Gray, 505 Sherbourne St., Secretary for "Invalid Cookery"; Misses M. Haley, E. Jamieson and M. Ellington, Directors; Miss J. Hamilton, 608 Church St., Convener of General Business Committee; Miss Sales, Miss McQuaig and Miss J. Gray.

**QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE****Postings and Transfers.****Sisters.**

Miss M. O'C. McCreery, to Military Hospital, Cottonera, Malta, from Military Hospital, Valletta.

**Staff Nurses.**

Miss M. A. Wilson Green to the Alexandra Hospital, Cosham, from the Queen Alexandra Military Hospital, Millbank, London.

Miss A. C. W. Teevan, to Military Hospital, Chatham, from Cambridge Hospital, Aldershot.

Miss N. R. McNeil, to Cambridge Hospital, Aldershot, from Military Hospital, Chatham.

Miss M. H. Graham, to Military Hospital, Colchester, from Cambridge Hospital, Aldershot.

Miss K. A. Broade, to Cambridge Hospital, Aldershot, from Military Hospital, Colchester.

#### **Appointments Confirmed.**

**Staff Nurses.**—Miss E. B. Levay, Miss S. F. Davies, Miss E. C. E. Lindsay, Miss M. Kearney, Miss E. D. Lang, Miss M. A. Roe.

C. H. KEER,  
Matron-in-Chief, Q.A.I.M.N.S.

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#### **THE ALUMNAE ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.**

Officers for 1908-09: Hon. President, Miss Morton; President, Miss G. Morrison; First Vice-President, Miss P. J. Cottrill; Second Vice-President, Miss Ella Baker; Secretary, Miss J. E. Carr; Assistant-Secretary, Miss E. M. Dawson; Treasurer, Miss M. M. Redmond.

Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the board room of the hospital.

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#### **CANADIAN ARMY SERVICE CORPS—ARMY MEDICAL SERVICES.**

General Order 70—May, 1909.

##### **Army Medical Corps.**

Nursing Sister Miss Edith Wagstaff is permitted to retire.  
29th April, 1909.

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#### **THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.**

##### **Officers 1909-10.**

President—Mrs. Currie.

First Vice-President—Miss E. Deyman, Hamilton.

Second Vice-President—Miss H. Hollingworth, St. Catharines.

Treasurer—Miss Mary Gray.

Recording Secretary—Miss Julia Stewart.

Corresponding Secretary—Miss Edith Hargrave.

Board of Directors—Miss Brent, Miss Matheson, Miss Potts, Miss Muldrew, Miss Barnard, Miss Neilson, Miss McNeill, Miss Jameson, Miss Wardell, Miss Donnelly, Miss Rogers, Miss Kennedy, Miss Irvine.

The treasurer of the G. N. A. O. wishes to thank the members who have so quickly responded to the requests sent out for fees. It is hoped that all

fees will be paid soon. The fee is always due at the annual meeting held May 22nd each year.

The addresses are wanted of the following members: Miss C. Creighton, graduate Western Hospital; Miss Edith Shaw, graduate Toronto General.

The Executive Committee met on Wednesday, Sept. 22nd, at 8 p.m. at the house of the president, Mrs. Currie, who occupied the chair. The treasurer, Miss Mary Gray, who was unable to be present, sent a most encouraging financial report, showing \$224.24 in the bank, and no liabilities. There are still a number of unpaid dues and it is hoped that members in arrears will attend to the matter without delay.

The Executive Committee is anxious to get to work on the programme for the winter, and with that end in view appointed conveners for the various committees as follows: Revision of Constitution and By-Laws, Miss Muldrew; Legislation, Miss Brent; Publication and Press, Miss Stewart. The following ladies were appointed as representatives to the Local Council of Women: Miss Neilson, Miss Wardell, Miss Irvine and Miss Smith.

It is felt that in order to help those interested in state registration of nurses to a better understanding of the subject, and also to awaken the interest of those who care not at all, the matter must be brought before those concerned, viz., the public, the physicians and the nurses. In order to do this, literature bearing on the subject will be sent out, and it is hoped that the G. N. A. O. will be able to send a nurse to talk on the matter in different parts of the province. Also, a considerable amount of home missionary work lies right at our own doors in Toronto, because very few of the nurses graduating annually from our hospitals become members of the G. N. A. O. or know or care anything of its existence. This is a matter in which the alumnae associations can help, and some of them are doing excellent work. Then let each nurse who feels that she is not thoroughly enlightened on the subject read up and get familiar with what registration means, and then when the time comes to again bring our bill before the legislature each one will have a clear working knowledge of the matter, instead of a vague idea that everybody says it is good, and that therefore it must be so.

N.B.—Application forms for membership in the G. N. A. O. may be had on application to the secretary, Julia Stewart, Rec. Sec. G. N. A. O., 12 Selby St., Toronto.

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## Hospitals and Nurses

The many friends of Miss Meiklejohn, of Ottawa, will be glad to learn that her health is now much improved.

Mr. Robert Borthwick announces the marriage of his daughter, Margaret Selena, to Dr. Eugene Boykin Elder, on Saturday, September 18th, 1909, at Toronto, Canada. Will be at home after October 1st, Macon, Georgia.

Miss Jean Edgar, graduate of the Hamilton City Hospital, has been appointed night superintendent of the Hospital for Sick Children, Toronto.

Miss Beatrice Rumsey, graduate of St. Luke's Hospital, Ottawa, has been appointed operating room nurse at the S. C. H., Toronto.

Miss Louise Doble, S. C. H., has been appointed superintendent of Dr. Lockwood's sanitarium in New York City.

A delightful evening was spent at the home of Mrs. McPherson, 15 Selby St., on Friday, September 17th, when the members of the Alumnae Association of the Toronto General Hospital and a few of Miss Bowerman's intimate friends gave her a linen shower. After a pleasant hour of social intercourse, Miss Snively rose and in her own happy way, expressed to Miss Bowerman the congratulations and good wishes of those present. Then the bride-to-be was literally deluged with parcels from an umbrella which was gracefully raised over her by Miss Marguerite McPherson. Miss Bowerman in reply expressed her thanks and said that she was still ready to help in all the nurses' plans and would always be a nurse. After refreshments were served, all enjoyed seeing the useful and pretty gifts, and thus a very happy evening was brought to a close, all feeling grateful to the hostess for this opportunity of friendly intercourse.

Miss Janet Cameron, of Mabou, has severed her connection with St. Joseph's Hospital, Glace Bay, where during the past seven years she has been engaged as matron and superintendent. Miss Cameron is a daughter of Dr. Hugh Cameron, who for many years represented Inverness county in the federal and local parliaments and who has retired into private life honored and respected. On July 30th the medical and nursing staff of the hospital assembled in the parlors of the Nurses' Residence to say good-bye to Miss Cameron. Dr. William MacKay, of Reserve Mines, was in the chair and Dr. Bissett of Port Morien, made an interesting address on behalf of the nursing staff and presented the guest of the evening with a purse of gold. The address read in part as follows: "Great as was the courage, perseverance and foresight of the men who, eight years ago, pioneered the movement to erect a hospital, and through whose efforts the noble institution became a fact, the proposition that confronted you as its first superintendent, of guiding its destiny through the first years of its career, was hardly less beset with difficulties or less difficult of achievement. The prejudices that always exist among people untaught and unlearned in the merits of hospital treatment were not absent in this community, and, consequently, you had not only to

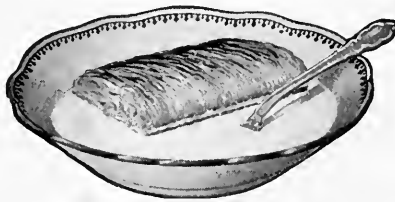


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keep the nursing and management of the hospital up to a high degree of efficiency, but you had also to exercise a great deal of tact and forbearance and charity. That you have been eminently successful finds abundant proof in the general harmony and good feeling with which all ranks and classes of people in this part of the province now regard St. Joseph's Hospital. It was a great work you undertook: it is a great work you have accomplished. It is worthy of you. St. Joseph's Hospital has grown in size and importance to rank as second in the province, and a great deal of surgical work was accomplished. We always had the most implicit confidence in your ability and resourcefulness as a nurse, and in your painstaking devotion to everything that came within the scope of your calling. We are glad you have been connected with the hospital. Permit us to refer to the kindly relations that always existed between you and the medical staff, and we ask you to accept the accompanying purse as slight token of our regard and be assured that wherever your future field of labor will be, you carry with you the best wishes of the medical staff of St. Joseph's Hospital. Signed: Medical staff—R. A. H. McKeen, Wm. McKay, M. Dodd, S. J. McLellan, G. H. Murphy, M. D. Morrison, E. O. McDonald, M. T. Sullivan, H. L. Haszard, F. W. Green, W. J. Egan, E. E. Bissett, K. A. McCuish.

Miss Elizabeth Campbell Gordon, formerly superintendent of the Pueblo Hospital, and Mr. Edward Archibold Jones were quietly married at 4.30 o'clock on August 19th at the residence of Dr. William F. Rich, 203 West Ninth Street, Pueblo. The ceremony was performed by Rev. S. R. S. Gray. Miss Gordon is a daughter of the late Adam Gordon, member of the House of Commons, Toronto. Mr. Jones is a well-known business man of Pueblo, Colorado. Mr. and Mrs. Edward A. Jones will be at home at 717 West 15th St., Pueblo, Colorado, after September 1st. Mrs. Jones has many warm friends in Canada who wish her great happiness, and only regret that her home is far away from most of them.

Miss Janet M. MacEachern has resigned her position as superintendent of Moncton, N.B., Hospital, to take effect September 8th, 1909. Miss Sophie G. MacDonald has been appointed by the board of directors to succeed her. Miss MacDonald is a graduate of St. John's Hospital, Lowell, Mass., class '07.

The annual meeting of the Alumnae Association of the Mack Training School for Nurses, St. Catharines, Ontario, was held in the Nurses' Residence on August 25th and was most successful. The attendance was the largest on record and many of the graduates were present from distant parts of Canada and the United States. The following officers were elected for 1909-10: President—Miss L. Luck, St. Catharines; 1st Vice-President—Mrs. R. L. Dunn, St. Catharines; 2nd Vice-President—Mrs. Arthur Rykert, Dundas; Secretary-Treasurer—Miss E. Elliott, St. Catharines; Executive Committee—The Misses Maggie and Tessie Laughlin, Niagara Falls, N.Y.; M. Murdie and L. Lymburner, Niagara Falls, Ont.; M. Thompson, Merriton; J. Wallace, L. Good and L. Gilmore, St. Catharines, and Mrs. James Parnell. Delegates to the Ontario Graduate Nurses' Association—Miss L. Lymburner, Niagara Falls, Ont., and Miss E. Elliott, St. Catharines. Auditors—Miss E.

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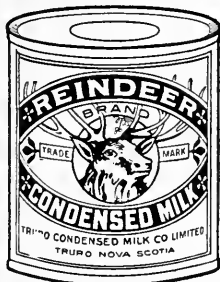
Roberts, Stratford; Miss M. Kelman, Newmarket. The Misses McGowan, Lewis and Smith were accepted as new members. Miss Elliott gave an interesting report of the annual meeting of the Association of Canadian Superintendents of Training Schools for Nurses held in Ottawa in October, 1908, and Mrs. Parnell presented an excellent report of the Ontario Graduate Nurses' Association meeting in Toronto in May, 1909. The rest of the afternoon was occupied with the general discussion, open to all present, of matters of importance to the nursing profession, the association being afterwards entertained at tea by the superintendent of the St. Catharines General and Marine Hospital, Miss Hollingworth. The evening was spent in social enjoyment and was rendered memorable by two presentations of great interest. Miss Hollingworth, on behalf of the nurses, presented to Miss Helen Trotter a case of sterling silver spoons, on the occasion of her approaching marriage to Mr. L. Croley, of New York City. Then on behalf of the graduate nurses, near and far, Mrs. Parnell, the retiring president of the association, presented Miss Hollingworth with a handsome set of English china on the occasion of her approaching marriage to Mr. D. Hamilton, of Beatrice, Muskoka. Miss Hollingworth and Miss Trotter, who were both taken by surprise by these tokens of kindly affection, expressed their appreciation, and the evening was brought to a close by the serving of light refreshments, and many kind leave-takings.

We deeply regret to announce the death of one of the most constant, loyal and interested friends of *The Canadian Nurse*—Miss Mary Martin, a graduate of Grace Hospital, Toronto, who passed away at her home in Shrigley on August 29th. For years she had made a brave fight against ill-health, never giving up hope until two or three days before the end, and travelling all the long way home from Atlantic City little more than a month before her death. Indeed, she went on with her professional duties whenever the condition of her health permitted it, and many of our readers who may have read with interest an article in our pages entitled "The Nurse Her Own Patient," cannot fail to have admired the truly brave and thoughtful spirit which inspired every word of the article. Miss Martin helped the Editorial Board by frequently writing to them, and it is with a sense of personal loss that we offer to her family and friends our sincere and respectful sympathy in their bereavement.

Miss Mulrooney, formerly head nurse in the Ottawa Isolation Hospital, has entered a suit for \$2,000 damages against the Board of Health of Ottawa. Miss Mulrooney was head nurse of the scarlet fever ward and contracted diphtheria in the discharge of her duty. Her health has been seriously impaired.

The Moncton General Hospital of Moncton, N.B., has held its first graduating exercises for the Training School for Nurses, and judged by the large attendance, the excellence of the speeches and the interesting accounts in the local press, it was an unqualified success in every way. The exercises were held in Castle Hall, which was crowded. Music added to the enjoyment of the occasion, and the speeches were most interesting. His Worship Mayor

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Willett presided, having on his right Mr. Fred W. Summer, president of the Hospital Board, and on his left, Dr. J. D. Ross, the father of the hospital movement in Moncton, and who was selected to represent the medical men of the city and county at the important exercises. Surrounding the platform were members of the Hospital Board and the nursing staff, about fifteen in number, with Miss McEachern, the retiring superintendent, at their head. Members of the Hospital Board present included ex-presidents J. M. Ross and J. S. Rayworth, secretary H. F. Hamilton, treasurer J. H. Harris, ex-treasurer A. H. Jones, James Doyle and J. A. Geary. Mayor Willett opened the programme with an address on the hospital movement in Moncton, giving a sketch of the institution from the time it was started in the almshouse building down to the present day. He referred to the first matron, Miss Margaret Grant, who had done such good work, considering the accommodation and facilities, and also paid a tribute to her successors, Miss McGee and Miss McEachern. The Moncton hospital had been particularly fortunate in securing matrons who took such deep interest in the institution and worked so faithfully for its success. To the matrons, Miss Grant and Miss McEachern especially, great credit must be given for the success that had been achieved in hospital work. His Worship referred to the work of the secretary of the Hospital Board, Mr. H. F. Hamilton, to whom was due the highest credit for the success of the institution. Mr. A. H. Jones, the former treasurer, had also been an energetic officer for a number of years, and was still a member of the board.

Dr. J. D. Ross was next called upon. These proceedings, he said, marked another milestone in the history of the hospital, and he considered it an honor to represent the medical men at these exercises. He addressed a few words to the graduates, saying they had chosen a responsible profession, but yet an honorable one. He spoke of the need of exercising patience and discretion in the work of the nurse, and passed on to say that our hospital is not yet finished. A great many things were needed and it would not be long before we would want the building enlarged. Dr. Ross, on behalf of the medical men, expressed his thanks to every one, everywhere, who had done anything for the hospital, and in this connection he spoke of the good work done by the late Father Meahan to break down the prejudice against the hospital.

Mr. F. W. Sumner, president of the Hospital Board, who was next called upon to present the diplomas to the graduate nurses, made a short address, in which he ably presented the claims of the hospital for the support of the people. He considered it a duty for every one to look around and hunt up the sick and see that they had proper care. He thought the Moncton hospital had been very successful and had done a good work. To-day it was in a flourishing condition, and in this connection he spoke of the work of the Ladies' Aid, who had promised them \$1,000 but had given them \$2,000. Mr. Sumner then referred to the object of the gathering, namely to present diplomas to two graduates. He said he was very pleased to see the interest taken by the citizens and he hoped they would continue to manifest their interest in an institution that was doing so much good. He said he had pleasure in presenting diplomas to Miss Alena R. McMasters and Miss Lillian Barnes, who were the first to graduate from the training home.

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The diplomas having been presented, Mrs. Hendricks, wife of Colonel Hendricks, U. S. consul, on behalf of her husband and herself, presented the two young ladies with pretty bouquets of flowers.

President Sumner was then called upon to make a presentation to Miss McEachern, the retiring superintendent. After speaking of the regret felt by the board in losing Miss McEachern, Mr. Sumner read an address expressing appreciation of her work and regret at her resignation. The address concludes thus:

"Since assuming charge you have seen the institution increase its sphere of usefulness, and we gladly bear witness that much of the success of the work has been due to your vigilance, constant care and desire to maintain the high standard of the hospital. You organized and have successfully carried on the Training School for Nurses, and we rejoice to know that before leaving you have had the pleasure of seeing several young ladies graduate with credit from the school

"We will always remember the pleasant relations that existed between the trustees and yourself as superintendent of the Moncton Hospital.

"Signed on behalf of the trustees of the Moncton Hospital. F. W. Sumner, president; H. F. Hamilton, secretary.

"Moncton, N.B., September, 1909."

The address was accompanied by a writing desk and chair of mission wood.

One of the best holidays of the season was enjoyed by six of the nurses from the Winnipeg General Hospital. The party was Miss Mathison, assistant superintendent, Miss Sandford, night superintendent, and the Misses Reid, Hamilton, Wilkins and Frost. They went to the Pacific coast and Seattle, stopping for a short visit at Banff and Field. The trip took three weeks and two days and was delightful.

On the occasion of Miss Snively's return from England on the evening of the 28th of August, the nurses of the Toronto General Hospital Training School had arranged for a delightful reception in honor of her homecoming. The residence was decorated on the outside with magic lanterns and inside with flowers and vines, and the programme, which was strictly "home talent," was not only highly creditable, but extremely enjoyable, and consisted of both vocal and instrumental music. In response to the expressed wish of the nurses, Miss Snively gave a short but interesting account of the opening of the Congress in London, the welcome received by the Canadian delegation, the visit to Frogmore and the King's letter of appreciation. This delightful evening was brought to a close by the singing of the National Anthem and "Auld Lang Syne."

Miss M. Ard Mackenzie, chief lady superintendent of the Victorian Order of Nurses, visited Swan River Hospital in her official capacity, August 14th to 16th. At a special meeting of the Women's Hospital Aid Society held at the home of Mrs. S. R. Wright for the purpose of meeting Miss Mackenzie she delighted those present by giving a short sketch of the V. O. N., speaking of the different branches and phases of the work.





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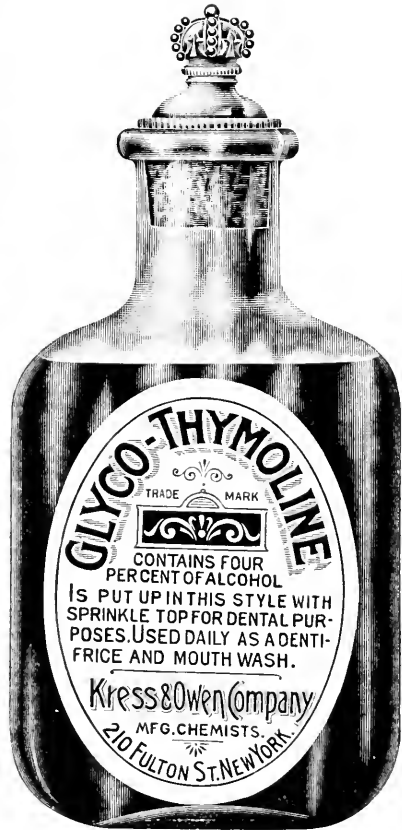
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Every lady having the care of an invalid, will learn much that is valuable to know in the new Booklet, just published by the proprietors of Benger's Food; among other things, it contains a variety of dainty invalid recipes, prepared to relieve the monotony of milk diet, which becomes very irksome to invalids. A copy will be sent post free on application to

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On the occasion of Mrs. Mounsey leaving the V. O. Cottage Hospital at Swan River, Man., prior to her marriage, the directors of the hospital held a reception to which the public were invited, a large crowd being present. The first part of the evening was pleasantly spent introducing Miss Offord, the new lady superintendent. Refreshments were then served, followed by an excellent musical programme interspersed by short addresses, after which Mrs. Mounsey was asked to come forward and was presented with a case of solid silver knives, forks and spoons, accompanied by an address.

"Dear Mrs. Mounsey.—Some six years ago when we discussed the advisability of having a branch of the Victorian Order hospitals established in Swan River, it was thought that though we were moving in a right direction, we were undertaking a large responsibility in assuming the maintenance of the same; and we well remember that at one of our first meetings, during the course of the discussion it was said that the success of the hospital depended on the loyalty of the people and the tact and ability of the lady superintendent. After these years have passed, we are pleased to be able to say that the hospital still holds a very important place in the hearts of the people, and we have no hesitation in saying it is largely due to your kindliness in dealing with those who have come under your care and in your ability in the general supervision and management of the work. \* \* \* \*

"It is with a great deal of pleasure and satisfaction that we speak of your relations with the board of directors. You have constantly kept in mind the numerous difficulties we have had to cope with, and we have always felt that your requests have had due regard to the comfort of your patients and the finances of the Board.

"It is with the deepest regret that we contemplate your removal from the management of our hospital; but we are very grateful that you are still to be in our midst, and we feel sure that your interest in the hospital will not diminish, and that we will still have the benefit of your valued help and advice. We have much pleasure in asking you to accept this small gift as a mark of the appreciation with which we look upon you and your work.

"Signed on behalf of the past and present members of the Board: R. G. Taylor, president; T. M. McEachern, secretary-treasurer.

"Swan River, Man., May 3rd, 1909."

Mrs. Mounsey was also the recipient of a handsome gold necklace set with pearls from the Women's Hospital Aid Society. The society was entertained at the home of Mrs. S. R. Wright, the president. The presentation was made by Mrs. Beatty. Miss Brown, the secretary, read an address which says in part:

"Many are the ways in which you have endeared yourself to us. Your thrifty, careful management has won our admiration. Your tender care of the suffering, your ready sympathy, bright encouragement and acts of kindness have won our love. Your unselfish devotion to your duties will ever be an inspiration. \* \* \* We beg you to accept this little gift, not for its intrinsic value, not as a measure of our love, but as a small token of the high place you hold in our hearts. Signed on behalf of the Ladies' Hospital Aid Society. Margaret M. Wright, president; Jean Brown, secretary.

"Swan River, Man., April 15, 1909."

Miss Emma Beall, a graduate of Kingston General Hospital, is to have charge of the newly opened hospital of Dr. Ross (Montreal General Hospital) at Bow Island, Alta.

### MARRIAGES.

Semple-Carleton.—At Avening, Ont., Sept. 1st, 1909, Miss Esther M. Carleton (graduate of Guelph General Hospital class '04) to Mr. W. C. Semple of Earleton, Ont.

Sims-Mounsey.—At Stony Mountain, Man., on June 30th, by the Rev. David Ross of Winnipeg, Mrs. Christina S. Mounsey, graduate T. G. H., to William H. Sims of Swan River, Man.

### DEATH.

Martin.—At Shrigley, Ontario, on Friday, August 27th, 1909, Mary Martin, graduate nurse of Grace Hospital, Toronto. Funeral from the family residence, Shrigley, on August 29th at 12 o'clock to Badjeros Cemetery.

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# The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. V

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No. 11

## WHAT A NURSE SHOULD KNOW ABOUT TUBERCULOSIS.

Within the past ten years tuberculosis, as a subject for discussion, has passed out beyond medical text books into the pages of magazines and newspapers and pamphlets, out from college lecture rooms to general congresses and street gatherings, out from hospital wards to municipal council chambers, board rooms of charities and legislative halls. It has become a matter of concern to legislators and architects, economists and sanitarians, leaders in education and teachers of little children, labor unionists and clergymen, journalists and manufacturers, in short, to all responsible and well informed citizens. And the widespread campaign which is resulting from this more general knowledge is not an ephemeral fad which will have its day and cease to be, but an earnest endeavor to arouse men and women everywhere to deal with the greatest physical evil that taints and threatens the race.

In such a campaign of education and reform it goes without saying that trained nurses should, indeed must, bear a part, and that not as privates in the ranks, but as leaders. Whether fully informed and specially skilled or not, they will be considered to be so, and depended upon. Again and again they will be appealed to, and any opinions they may express will carry the weight of authority that belongs to special training. Would it not be well, therefore, that nurses, whether engaged in the work of nursing or graduated again to other and perhaps happier spheres, should take stock of what they know of tuberculosis and find if their knowledge be reliable, ample and up-to-date. Of course doctors and nurses are supposed to know everything that may be known about every illness, its care and cure. But the fact is, unfortunately, that doctors and nurses, like more ordinary people, know only what they have learned, and know fully only what they keep learning constantly. Knowledge of any given condition may be inadequate either because of insufficient or wrong original training, or because of neglect to keep pace with recent advances.

No disease condition is being so earnestly or so much studied at the present time as tuberculosis. Thousands of able and devoted men and women are trying to compel from it its secrets. In no department of medical knowledge are greater advances being made. We have not found the philosopher's stone, the easy, quick, sure, mysterious cure for which the laity long and which is promised them almost weekly in the newspapers; but we are unearthing by constant, arduous labor the slower wealth of knowledge. We are very far beyond the knowledge of thirty years ago. The direct cause of the disease, and many conditions favoring it, are known beyond dispute; we understand how both to avoid and to prevent infection; means of diagnosis

have been multiplied and are becoming all the time more sure and definite; we are more skilful in cure; hope has been given to the consumptive and many have been restored to health and usefulness upon whom the shadow of the black hawk's wing had fallen. As we learn more, we do not so much need to unlearn old facts as to change emphasis in our conclusions.

We have learned that tuberculosis is not purely a medical subject, but legislative, administrative, municipal, provincial, national, economic, educational, social, moral and financial as well. We have learned that it does not belong to the doctor exclusively any more than the responsibility for keeping the ten commandments rests exclusively upon the clergymen. Scientists must investigate, physicians and nurses must treat, legislators must make laws and provide means, but out beyond these leaders every household and every individual must be taught, aroused and enlisted for the campaign.

With the knowledge of tuberculosis, which cannot be too widely diffused, has come a pseudo-knowledge in which there is much capacity for harm. Magazines and newspapers in conducting a very laudable campaign are sure at times to place emphasis wrongly. The impression sometimes given is that a half hour's reading may enable one to understand the whole situation. A little knowledge is a dangerous thing. It is a common belief that when the catch words have been learned—"preventable," "avoidable," "curable," "food," "fresh air," "rest," "exercise"—nothing further remains to be known of the conditions and means of cure. As a matter of fact, fresh air, food, rest and exercise are only the tools which may be used with little or great skill, or with lamentable lack of skill, and with corresponding good or bad results. The good news that consumption may be cured meets with unbelief in many who have observed the results of what has been described as "eggs, milk and the back verandah," unregulated, wrongly regulated, regulated by chance, or self-regulated. It is easy to name the simple essentials of treatment, but the widest and wisest experience will not show any too well their exact application in any case. Six months' training may scarcely show a patient what rest means and a word from his granny may upset it all. Do we not know scores of unregulated, wrongly regulated, or self-regulated consumptives, who thought they knew all about the cure of consumption, who have walked, or hill-climbed or deep-breathed, or worked, or dieted themselves to death? There is no disease in the course of which the advice given must be so accurately fitted to the exact condition of the patient, none in which general directions given at large may be more harmful. In the matter of exercise alone, when the amount not only allowable but needful for a patient may range at different stages of the disease and cure from absolute rest in bed with no unnecessary exertion or even thought, up to almost unlimited exertion or almost a full day of manual labor, and when each gradation should be exactly fitted to the complex condition of the patient, it will be easily seen that offhand, ill-considered, ill-informed advice, or worse, treatment of the patient by the patient—than whom there could never be a more unsafe guide—is not likely to bring about the consummation devoutly to be wished.

No sick person is more ready than the consumptive to seek advice and none is more ready to change his mode of life from time to time according to

any advice he may receive. It goes without saying that the advice of a trained nurse will be frequently sought by such patients and much valued. Here a nurse can do great good or great harm. In the care of no disease do trifles count for so much, for a cure is to be reached by a gradual accumulation of small advantages and by the careful avoidance of every, even the least, disadvantage. A nurse who is well informed may very greatly strengthen the resolution of the patient to follow out exactly a wisely advised routine. On the other hand she may neglect an opportunity to do so, or, not knowing the condition of the patient who has thus casually spoken to her, may easily and unthinkingly weaken his resolution or direct him to do what indeed may have meant life and health to other consumptives, but which may mean decline and death to him. It goes without saying that one so responsible as a nurse should be thoroughly well informed.

A nurse may choose to nurse tuberculosis, but it is scarcely in her power to choose not to nurse it. In what direction, indeed, can she be sure of escape? Besides the great number and variety of surgical cases frankly tuberculous, in how many more is there a tuberculous substratum? Should a nurse flee even to obstetrical work she must know that the puerperal period with its strain and stress, prepares the soil in a remarkable way for the developing of the seeds of latent tuberculosis. Every illness and every accident, in that it weakens, predisposes to the disease which in weakness finds its opportunity. When the lessons of the post-mortem room have been well learned, when it is realized that tuberculous lesions are found after death in many more than half of all people, when tuberculosis is seen to be a vulture perched beside the desert pathway of life waiting to seize upon the weakened and the halt that for any cause falter by the wayside, it may be seen that a nurse may no more keep clear of tuberculosis nor remain blamelessly ignorant of it than she may of sepsis and antisepsis. And to the nurse may be given exceptional opportunities.

Tuberculosis is not an open enemy but comes as a thief in the night. It comes not with clamor or with ostentation, but silently and insidiously. Frequently it is well entrenched before any great sign of its presence has been shown. The early signs are various, inconspicuous and deceptive. The medical attendant, no matter how skilful, may easily miss them. It is the nurse on constant sentry duty who, if she knows the danger, may be first to sound the alarm. It will be well indeed, if she can note the burrowing of the first intrenchments so that all defensive forces may be summoned early to resist the attack. Whether the case be one of neurasthenia or mastoid, typhoid fever or fracture of femur, childbirth or dyspepsia, the arch enemy of mankind must always be in the sentinel's thought. It is evident then that a nurse is not in the best way prepared for her work if she does not know all that may be known of his tactics and modes of attack.

Besides this, there is fighting in the open field calling for volunteers. No soldier in the whole campaign has so important or so arduous duty as the visiting nurse of the tuberculosis dispensary. She is in the skirmishing line and wins the Victoria Cross over and over again in a year's duty. She

keeps her post where ignorance is most dense, where all difficulties are greatest and reinforcements fewest.

Not so difficult, but almost as self-denying is the work of the nurse who cares for the far advanced cases in special hospitals, who must speak of hope when there is little or no hope and guard against infection to herself and others when her patients have become too weak and weary to know or care how to take precautions, who must never weaken nor fail in her guard, whatever may be the discouragements that surround her.

Of a different sort and much easier is the work of the sanatorium nurse, so easy sometimes, indeed, that a sanatorium staff becomes a resting place for partial invalids. It is work, however, which must be learned by itself, and for which the fullest curricula of the ordinary schools do not attempt to qualify. Indeed, heads of institutions for the care of tuberculous patients have come to realize that they must train their own nurses. Post-graduate courses are given to graduates from the regular schools, but more generally another plan is followed—suitable patients ready to leave the sanatorium as "arrested cases," are enrolled for a two years' training and sent out as nurses of tuberculosis. So far as reports upon this method have been published, it seems to have everywhere turned out very satisfactorily, providing as it does, employment for "arrested cases" which will keep them constantly in a suitable environment, and—tell it not in Gath—securing much more satisfactory nursing for tuberculous cases than had been given by regular trained nurses.

The demand for nurses in the anti-tuberculosis campaign may be roughly indicated by the fact that in May, 1909, there were in the United States, besides Canada's few, 298 sanatoria and hospitals for tuberculous cases and nearly two hundred tuberculosis dispensaries. All such institutions are increasing in number very rapidly in all countries, and should increase very rapidly in Canada, where the need for them seems, unfortunately, to be not less than the need elsewhere.

If these things be true, if every nurse, no matter what her special line of work, should have an accurate, full and fresh knowledge of tuberculosis, its nature, phases and prevention, and especially of its early signs and the principles and methods of its treatment and cure; and if, as is beyond doubt the case, there is a rapidly growing demand for special nursing work among the tuberculous, the question naturally obtrudes itself as to what opportunities a pupil in our regular schools of nursing has for learning all these things.

It will surely be admitted that there is little or no opportunity in most of our schools for her becoming intelligently familiar with the various phases of this commonest of all diseases. Most general hospitals try to exclude consumption from their wards, it being held to require special facilities for treatment not found in an ordinary hospital or to demand an isolation not easily carried out there. Early cases are not brought to hospitals and certainly should not be brought to ordinary hospitals. And when the late cases are admitted, it is under compulsion, and at a stage when nothing remains to be done, but to make the patient as comfortable as possible, prevent spread of the infection and await the end. It is undoubtedly true that a certain



indefinite proportion of cases in all our hospitals, especially in the surgical wards, are more or less actively tuberculous, admitted on account of complications, intercurrent disease or local manifestations. Rightly or wrongly—wrongly, too often—attention and treatment centre upon the special, not the general condition, and when the general condition alone remains the patient is deemed ready for discharge. It is possibly more fortunate than otherwise that our hospitals, built upon prison and monastic models and permitting of out-door care only occasionally by way of a "treat" or a "change," do not receive tuberculous patients. The hospitals of the near future, with ample balconies and pavilions and means of keeping many patients in the open air during the whole twenty-four hours, will be much better suited for these and indeed for all cases. At present, however, general hospitals are not equipped for, and usually do not receive pulmonary tuberculosis. Any ideas, therefore, that nurses receive as to its care are usually lessons in how not to do. Of all these cases, their symptoms, diagnosis and appropriate treatment under proper conditions, the average nurse at graduation has learned little or nothing, and has in all probability gathered not a few decidedly wrong impressions. And yet tuberculosis is, out of all comparison, the commonest major disease of the race.

In the nursing profession as in that of medicine we can leave to take care of itself the training of specialists in the treatment of tuberculosis; the question of most importance is as to what knowledge of the disease and its care is not only available for, but forced upon the average nurse and the general practitioner. By what means can it be arranged that no nurse can avoid learning much more than the average nurse now knows about its various phases and the general principles of its treatment?

We can expect little help from the boards of general hospitals, for here, as at many other points, obtrudes the fact that hospitals are instituted primarily for the care of sick persons and are training schools only incidentally. Members of boards, as a rule, recognize no mission to provide trained nurses for the community at large, but receive pupils simply because they need the unpaid services of pupils in their own institutions. Advantages offered in the way of training are too often gauged at the minimum which will secure sufficient supply for their demand. What a nurse can pick up in the course of making herself exceedingly useful for three years is supposed to be ample compensation for her services, and heart searchings as to the adequacy of the training provided, or the sufficiency of the compensation, do not visit at least the average member of a hospital board very frequently. We cannot expect, therefore, that much would be done by "the powers" even were it proven to a demonstration that a training in nursing which overlooks tuberculosis is grossly inadequate to the needs of this twentieth century.

As for tuberculosis itself, it does not concern average hospital boards except as an uncomfortably insistent problem at their doors—carefully, for the most part, kept outside their doors—and disquieting only when enthusiastic persons hint that an institution built for the care of the sick might arrange to admit the most numerous class of sick within its doors. Needless to say they do creep in and are at every disadvantage because not frankly

provided for. At the risk of wandering from the subject in hand, it may be here stated that those most conversant with the tuberculosis problem see no reason why advanced cases of the disease may not be cared for in separate wards in any general hospital in which asepsis is carefully and conscientiously carried out. If a hospital cannot manage to do this safely it is failing, with its trained staff and its adequate equipment, to do what we are trying to teach all classes of people in all sorts of homes and under all kinds of difficulties to do.

Be that as it may, it is certainly true that the hospitals in which the great majority of our nurses are trained endeavor to exclude tuberculosis patients. There is small chance, therefore, that boards will bestir themselves to train nurses to care for these cases. The initiative must be taken by the training schools themselves, by the staff and pupils, in associations of trained nurses and by such organs as the "Canadian Nurse." And it may be said that, extensive as is the ground that may be covered, a working knowledge of the subject, which will keep a nurse mainly in the right way, is not beyond the attainable in any school of nursing.

Here and there are sanatoria, hospitals and dispensaries where tuberculosis is made a special study. It would be well if every nurse, as part of her training, could see something of the methods and results of such institutions. In time a sort of loose affiliation might be formed between hospitals and sanatoria so that a few at least of the nurses in general training might get some insight into sanatorium methods. This admittedly would frequently be difficult to arrange. Many hospitals, however, are so situated that a visit or a series of visits could be comparatively easily managed.

But though travelling may be expensive and affiliation difficult to bring about, talk is cheap and easy to provide as a rule. There is no reason why any training school, even the smallest, narrowest, or most remote, cannot have lectures upon tuberculosis. One, at least, of the larger Canadian training schools has risen to the occasion and in its calendar for 1909-10 provided one whole lecture upon the subject. The lecturer in the half hour at his disposal will presumably deal exhaustively with the whole subject in its medical, surgical, orthopedic, economic, social, educational, and other aspects and will undoubtedly give the class ideas sufficiently full and clear to last them through a three years' training upon etiology, prevalence, latency, pathology, symptoms, treatment, nursing, prevention, and cure, leaving out none of the thousand and one unclassified facts which go to make up the knowledge a nurse should have of the disease. Such provision—one lecture in three years and no other training—is just the kind of treatment of the subject that sends out into their responsible places in the community, nurses with no better or truer ideas about the most prevalent of all diseases than their grandmothers had before them. Men and women engaged in anti-tuberculous work and local medical men who know the subject will always be found ready to give a much fuller instruction than could be provided in such a solitary lecture. Nurses who know tuberculosis and its treatment could give talks of special value.

There still are left books and magazines. Training school libraries

usually have more the appearance of museums than libraries and could in many cases be consigned in bulk to a bonfire without greatly decreasing the sum of human knowledge. On the subject of tuberculosis, if on no other, the books of ten years ago are not worth reading except in a historical way. The same, of course, may be said of some, the ink of whose pages is as yet scarcely dry, for faddishness must flourish about any subject as much discussed as tuberculosis. Yet there are books and magazines which will indicate the best and latest known about the disease and its treatment. It is not too much to say that it is the duty of every training school superintendent to see that such are provided for the nurses' library and equally the duty of nurses in training to take advantage of these and all other available sources of knowledge with regard to tuberculosis.

Winnipeg.

D. A. STEWART.

### NEURASTHENIA, FROM THE NURSE'S POINT OF VIEW.\*

In considering the subject of neurasthenia it will be understood that this paper treats not of the province of the physician or of the instructions that the nurse receives from him, for it is the nurse's duty to follow the physician's instructions, but of that indefinable sum of points, facts, relations and activities, and the innumerable mass of details, large and small, that together go to make up the whole that is called nursing.

In the first place the neurasthenic, as he or she comes under the nurse's observation and treatment, presents himself or herself to the mind of the nurse as a being composed of three essential, distinct and complex parts (body, mind and soul), and one in whom conditions and functions of some one (though seldom only one), two, or all, and usually all, of these three parts are in some way or other perverted from the conditions of health; and while it is no part of the nurse's duty to enter into the study of morbid material conditions that have helped to produce the general state of constitutional disorganization and demoralization and wholly unfit the subject of it to perform their part in life, it is her duty and work to combat by every means in her power those perverted conditions, and to lend her assistance so that, by the united efforts of medical science, the trained skill of the nurse, and that moral awakening, renewal and activity that it is or should be the object of every nurse to arouse in her patient, the one for the time overcome by the conspiracy of disposition, character, physical weakness or disease and circumstances, may be lifted up and set again on his or her feet strengthened and encouraged to again take up the burden and battle of life, without feeling that the odds are all against them.

I might mention first, and dismiss, that class of cases needing only rest and building up, those suffering from an apparently simple exhaustion of brain and spinal cord matter, as evidenced by a greater or less degree of difficulty in performing the ordinary labors, physical and mental, of life, without any great disturbance of physical organs and functions, excepting a

\* Read by Miss Rankin, St. Joseph's Hospital, London, at the Annual Meeting of the Canadian Society of Superintendents of Training Schools.

run-down condition or the usual perversities, mental and moral, of nervous patients.

As met with in a nurse's experience, one may say that a neurasthenic is always run down; the tissues are all deteriorated; and the physical functions all more or less at fault; and this manifests itself by a combination of aches and pains and ailments, real and imaginary, more varied than any healthy imagination could picture or ordinary pen describe; and where one has such conditions before her continually influenced by the morbid mental and moral state usual to these patients, it is hardly needful to say that neurasthenia cannot be written or read on paper; it is written, and can only be read, in the living and wholly to be unenvied, subject of it; and then when I recall the fact that these cases are frequently complicated with hysteria, even the inexperienced, I think, would understand that nursing neurasthenic patients is, to say the least of it, difficult.

Without entering into any detailed discussion of physical conditions, that particularly interest and concern the nurse, I might note in passing some of the most conspicuous of them.

In these cases loss of weight is usually to be observed, sometimes to the degree of emaciation, while what for the want of a better term, we may speak of as "tone and fiber," are always markedly deficient (deficient in mind and character, as well as in body), the tissues as far as sight and touch can perceive being soft and flabby, while those beyond observation, reasoning from the general condition and inefficiency of function, may, I think, be assumed to be the same; and with these facts one is prepared to find an endless train of symptoms, such as lassitude, pain, neuralgia, and of other nature often real and severe, often also exaggerated, not infrequently imaginary or largely so; sleeplessness, perverted sensations, loss of or intensified sensation, headache; all the symptoms of alimentary disturbance; constipation being almost invariable; palpitation, irregularity and weakness of heart; muscular weakness, cramps and such like; dry, harsh skin; imperfect action of the kidneys; disturbed conditions of the menstrual function; and so on as far as one wishes to look for symptoms, yet all pointing in the same direction.

Passing from the consideration of symptoms that are more directly or manifestly connected with material conditions in the body, we come to that set of symptoms that present themselves to the attention of the nurse as manifestations of conditions or attitude of mind and soul, though in the further discussion of the subject I shall allude to the latter under the more conventional form of "character." It is this set of symptoms, or to be more explicit, the conditions from which they arise, that place neurasthenic patients in a class by themselves, and make the especial and great demand upon the intelligence, judgment, patience, firmness, justice and wisdom of the one whose lot it is to have to nurse them. This department of the nurse's duty and activity is the one that is so difficult to explain or write about, as it depends above all things upon that inner perception or feeling on the part of the nurse of that interior perverted state, thought, or feeling which in the mind and character of the patient is the cause or root of

unwholesome sentiment, conviction and motive, and therefore the cause of a correspondingly unwholesome and unhealthy state and conduct.

So we may say the neurasthenic patient is one in whom all the component parts of being are, for the time at least, thrown out of the normal course of sensibility, conception and discernment, as well as of action, whether moral, mental or physical; and one who, by reason of his or her condition, is rendered peculiarly susceptible to all the disturbing influences that tend to interfere with the normal and peaceful course of life, by whatever channel (body, mind or soul) they may approach the one so afflicted; and it becomes the part of the nurse in her patient's necessity, while so incapacitated from playing his or her part in life's fight against those influences, to watch continually and exercise all her intelligence, knowledge, tact, strength and grace, to shut out as far as possible everything, whether of material or immaterial origin, that would disturb; and in many (I might say most) cases to set in their true light to the mind of the patient things that seen in the perverted vision appear to be monsters ready to swallow up the hopeless victim, but are in reality only in the nature of those ordinary trials and experiences that come into the lives of all people, and that are like necessary developing elements in life, without which is never built up the character of true manhood or womanhood.

Personally I must say that I have no confidence in the method of systematically continually antagonizing (or to use the more common word "fighting") neurasthenic patients; it may answer well enough as far as building up the body is concerned and as far as a recuperated body may refit one to resume his or her customary work; nor could I look upon or treat such patients as though they were children.

My conception of these cases, which I have always found confirmed in practice, is that the most important factor in producing the abnormal condition, and consequently the same in bringing about a return to health is in the character (soul) of the patient; and that the object of the nurse, while giving unceasing attention and care to the purely physical part of the treatment, should always be to reach and to arouse to activity the highest sense of manhood or womanhood that her patient is capable of feeling or acting upon; and I have not found that this could be done otherwise than by treating them as responsible men and women, and seeking to arouse in them that sense of wisdom and duty that will strengthen character and mind, and enable one to ignore the lesser ills and assailments of life, and combat and overcome the greater one; and this I believe to be possible only to the nurse who is always kind and sympathetic, never exclusive, sentimental or emotional, always firm and reserved, sometimes stern, and when occasion calls for it, and justice and wisdom are with her in it, even angry, sometimes very angry.

As the physician prescribes the treatment for nervous patients it is difficult for the nurse to say much about treatment without appearing to encroach on the field of the physician, but as, unfortunately for the nurse, the physician does not have the carrying out of his prescription, it will not be out of place for me to enlarge somewhat on treatment, treatment applied,

more particularly too as there is so much in each case that never comes under the observation of the physician, that demands immediate attention and action on the part of the nurse: also the nurse is always with her patient, and her own personality and presence, consciously or unconsciously, must always be no small factor in the treatment of such cases.

As to the material part of treatment, the nurse's most relied upon resources, and usually quite sufficient, are cold baths, massage and exercise and feeding.

As full directions are assumed to be given by the physician in each individual case, and an understanding on the part of the nurse of the methods used in these cases, I shall confine my remarks on the details of physical treatment to a few practical points that present themselves to my mind as calling for more particular attention.

In the matter of cold baths, the usefulness of which can hardly be over-estimated, the object is to obtain their stimulant, bracing and permanently tonic effects without depression or exhausting and wasteful reaction, and the two most particular points in this connection are to avoid chilling, and to secure efficient restoration of circulation and body heat. To avoid chilling, the patient must be gradually led up to the habit of endurance by beginning first, if necessary, with tepid, or even warm water, followed by cold spray or sponging, and then gradually developing into the full cold bath; while the restoration of circulation and body heat is accomplished chiefly by brisk rubbing, and exercise on the part of the patient, and I might say here that no warmth is so beneficial to the patient as that which is obtained by his or her own brisk physical movements. Besides these two means it is not infrequently necessary to have recourse to warm blankets and hot water bags, with a glass of hot milk internally, and these should always be used with a patient menstruating, after cold baths.

Cold baths, apart from their immediate physical efforts, are also a strong factor in developing mental tone, vigor and effort as anyone will understand from the strong effort of will that it requires on the part of a healthy person to plunge into a tub of cold water when the thermometer is at freezing point, or lower.

In speaking of massage it will only be necessary to say that the object of it is almost, if not exactly, identical with that of exercise; it is exercise in which the work is performed by the nurse instead of the patient, and this quite naturally suggests the desirability of encouraging in the patient himself, or herself, the habit of exercise, instead of depending upon the nurse for it; so while, like rubbing after cold baths, massage is good, personal exercise is still better, for it is always within the patient's reach, and an intelligent system of physical movement meets this need, which the patient should be trained to follow periodically, punctually, systematically and persistently; and here again the physical overlaps the mental and moral, for when a neurasthenic can be constrained to follow an intelligent effort of any kind with method, order, system and persistence, a most desirable object will have been attained.

As to the idea of the physical, mental and moral overlapping, I might

say that this will be found running throughout the whole course of treatment, and it is an idea that a nurse should constantly keep in mind and endeavor at every possible point to turn to the advantage of her patient.

In speaking as above of massage I do not wish to be understood as at all belittling the value of it or encouraging the nurse to neglect it; but rather of the desirability of developing the habit of exercise in the patient that will increase the good effects of the massage (which is in many, if not most, cases available only during the time of treatment) and tend to make them permanent after the patient has passed from the care of the nurse; and again because very often while the massage itself might be very desirable and available for patients who have returned to their ordinary course of life, the good effects of it might be more than counterbalanced by the tendency that anything savoring of medical treatment has to produce in the mind of this class of patients a conviction and habit of invalidism.

In the matter of feeding, the first object of the nurse is to get the alimentary tract in the best possible state that conditions and circumstances will admit of. Until that is in a measure at least attained, feed with a view only to sustenance, for valuable time is sometimes wasted in attempting to force nutrition and building up beyond the patient's powers, and under such circumstances not only is the effort lost but the patient is very likely to be thrown back and recuperation retarded.

The desired condition of the alimentary tract having been secured, or as nearly so as possible, the nurse proceeds to work to their full capacity the process of digestion and assimilation, with the object always in view, not of securing weight and fat, which are always incidental and desirable to a certain extent, excepting in patients already of full average weight (as sometimes is found) or even excessive weight (as to these latter I might say that a nurse always approaches them with a certain degree of apprehension, for not infrequently they are an especially difficult class of cases in which to secure satisfactory results); but of building up all the tissues, fibre and tone of the body, and developing fibre and "tone," which quickly manifests itself in improved function. The statement will be easily understood and, I think, incontrovertible, if I say that in nervous cases the chief object of feeding is fibre and tone, which are essential to healthy physical life, function and activity, and the restoration of which in a physical sense makes a new man or a new woman. While fat and weight add nothing to the vital forces of nature, if we except the heat producing properties of the latter, so excessive increase in weight is to be carefully avoided, as it is not infrequently due only to an accumulation of fat with little or no improvement, possibly even deterioration, in the active tissues of the body.

Increased weight can be obtained in almost any nervous case by the combination of rest, cold baths, massage, exercise and feeding, quite apart from other improvement; and when a nurse finds that her patient is not gaining weight after a reasonable time of judicious treatment on this line, she has good reason to consider the probability of some organic trouble, that must be diagnosed and corrected before he or she can be a satisfactory subject for rest cure. Weight may be increased and physical functions to a

greater or less extent improved, without any corresponding improvement in mental and moral state, which a thoughtful nurse would look upon as a grave matter, suggestive of confirmed condition, which might be even aggravated by improved bodily state, and these are the cases that are often found the easiest to fatten, but fibre and tone are not correspondingly increased, and among these are frequently found unmarried women in easy circumstances past middle life, who have neither the ties, interests nor motives of domestic life, nor yet the compulsion of necessity to thought, activity and effort.

In considering symptoms, pain, real or imaginary, usually to a greater or less degree real, is nearly always observed in nervous cases; but the nurse must always be on her guard to distinguish between pain that is real but unimportant, or pain that is mostly imaginary, and pain that is a serious symptom, as for instance the pain of peritonitis of which the symptoms are not well marked (and I might say in passing that my own experience is that the symptoms of any disease acute or chronic, as a nurse sees them, are liable to be much modified or veiled by conditions prevailing in neurasthenic cases), but, just as the nature of the outcry reveals the stage of labor, a careful and observant nurse will soon learn to distinguish by the vocal expression, facial appearance, and attitude of the patient between the pain that may be wisely laughed at, and that that calls for all the effort and assistance that the nurse's skill and sympathy can give; as a rule no nurse should treat any complaint of pain as unimportant that is accompanied by a rise of temperature, unless it can be positively ascertained that the pain has no connection with the temperature.

I would also say, as many physicians recognize and practise, that I believe it well, when the physician has entrusted his patient to the care of the nurse, for it is assumed that he has confidence in her, and if he have not that confidence he should not entrust his patient to her, that the case should be left as much as possible to the direction of the nurse, to avoid conflict of influence on the patient between the physician and the nurse, in explanation of which I might say that I have not infrequently seen (and other nurses speak of similar experiences) physicians, with the best possible intentions, through not understanding the "thread" that the nurse was following at this particular moment (for the neurasthenic is like a tangled skein that the nurse is set to unravel and restore to order and continuity), with perhaps half a dozen words out of harmony with the activities of the nurse wholly upset a condition of mental repose and effort at self-control that the nurse had only succeeded in establishing after long, difficult and weary work with her patient; for while we are all willing to concede the superiority of the masculine intellect, and, like little moons, to shine in the spare light of the larger luminaries, still we all like to cherish the conviction (which the masculine intellect may perhaps call delusion) that, as a little compensation, nature has given to woman more of what I might call mental and moral sensitiveness and mobility, to perceive the delicate phases and shades of mental and moral convictions, sentiments, conceptions, influences, impulses and desires, especially in female patients, the perversion of which underlies the whole range of conduct in these cases, and to respond, and rise and turn to the



constant and swiftly varying demands of this abnormal condition, and a little more of tact and fertility in the lesser resources, so necessary to correct, modify, restrain, direct or eliminate those manifestations of the subverted mental or moral state.

And the one who nurses these cases deserves some consideration, for a neurasthenic case takes from out of his or her nurse that for which she can never be repaid, for the strain and tax on mind and body of those who nurse neurasthenics is such as can be understood only by experience, and requires a physical constitution that few nurses possess to enable one to continue long in such practice.

Having disposed of that part of a nurse's duty that is more immediately directed to the physical building up of her patients, we come to that which pertains to mental and moral state, and I need hardly say that this is by far the most difficult part of the nursing of neurasthenic patients.

If sought for there will always be found deep down in these cases a perverted or obscured perception of those great fundamental principles in human character and life of right and wrong; and more easily ascertainable still will be the multiplicity of unhealthy mental conceptions and habits.

If neurasthenics could be aroused to a sense of what they ought to do, and the will to do imparted to them, nursing would be easy, and results eminently satisfactory; but that is where the great difficulty lies, and for that reason results are seldom, if ever, just exactly what a nurse who aims at all at the perfect, would wish them to be; also for that reason seldom, or never, is a patient passed from the hands of the physician and nurse that the critical and accurate observer could say was really "made over," according to the best possibilities of his or her personality and circumstances; but instead of being like a new garment, is rather like a garment that has been more or less thoroughly washed, and more or less, according to the susceptibility of the patient and the capacity of the nurse, well and neatly "patched and pressed"; but just as people often say "half a loaf is better than no bread," almost any patch is better than the original hole.

Having once gotten into the subject there are many things that I would like to have spoken of, and others that I would like to have dwelt further upon, but the limits of time and of my claim on your patience make it necessary to curtail the volume of this paper.

As to dealing with the moral aspect of neurasthenia, the whole system of effort of the nurse is, I conceive, founded on a few simple principles, of which the first and most important is the appeal to and constraint of conscience; that is, as already alluded to, the element of right and wrong; and the ideal patient, who is never met with in practice, would respond with her whole heart and soul and mind to this appeal, and in that response would be established in a fixity of will and purpose, intelligence of discernment, and persistence of effort (that are always conspicuously absent in neurasthenia), that would, with the assistance of the other means and circumstances of treatment, lead to the ideal cure. But had the patient this susceptibility of conscience the probability altogether is that it would have kept her in the first place out of the neurasthenic state; but lesser degrees of response, where

the complete cannot be attained, should be sought and are frequently found, and are correspondingly welcome and effective.

After the appeal to conscience may be named the appeal to reason, and many a patient who is quite indifferent to and unapproachable on the ground of the right or wrong of his or her conduct, will be found more or less sensible to and comparatively easily constrained by the unreasonableness of it, and by the reasonableness and wisdom of the treatment and line of conduct prescribed for him or her, as the case may be, with always commensurate benefit; and the nurse, always with her patient, is always (at least always should be) consciously or unconsciously appealing not only to the conscience, but to the reason and sensibility to the dictates of wisdom, of her patient.

Then also another factor in treatment, closely allied to the sense of wisdom, is that of affection (feeling). Sometimes patients who are quite indifferent to right and reason, may be touched and constrained and aroused to mental and moral effort, by an appeal to their affections, as may not infrequently be seen in the case of nervous women who can be stirred to the first move out of their mental lethargy only by an appeal to their affection for children or husband.

Sometimes also the nurse is so hard driven that she is very glad indeed to find that her patient will respond even a little to an appeal to his or her sensibilities as a gentleman or a lady.

And what the nurse dreads above all things is the apathy that responds to no appeal, the patient that cannot even be made angry.

After what has been said it will, I think, be understood why I have no confidence in "fighting" these patients; my conception is that the end of treatment should always be to arouse a patient to the very best in sensibility, aspiration and effort that he or she is capable of, and I cannot believe that that can be done by a course that humiliates and degrades a patient in his or her own eyes, but rather by one that arouses a patient to a wholesome sense of shame for his or her misconduct, and a wholesome sense of shame is very likely to be followed by a wholesome sense of self-respect, and these frequently are the first putting forth of the "blade" that eventually becomes fruit, in a recovered hold on, and stand in, life; and to my mind, a nurse's effort should be so directed as to make the patient while he or she feels the dominant power of will of the nurse as an irresistible constraint in their lives, also feel that they have in the nurse a strong, firm, enlightened guide and counsellor, and a kind, tried, helpful and restful friend.

Personally I must say that I have never found it practicable in experience to secure any help in these cases by trying to interest or engage the mind of the patient in the perusal of literature bearing on his or her condition, because the mind of the patient who can be so approached is not in a condition to read and discriminate and digest for itself. Such knowledge, as is so often illustrated in bodily states, must be administered with the greatest discretion and at seasonable times in small quantities, predigested, and in the most appetizing and assimilable form.

In summing up the subject of neurasthenia, as a nurse sees it, I would say that I have given my own conclusions and convictions from personal

experience and knowledge of these cases, and thought on the subject: and as it appears to my mind, the one thing that stands out before all others in importance as a factor in producing the neurasthenic state, and also as giving the most important indication for treatment, is to be found in the heart or soul of the patient and is that subverted sense of right and wrong, and of positive and unevadable personal responsibility; and when you can arouse your patient to the active discernment of what he or she ought and ought not to do, and to fixed and persistent effort to do the one and not to do the other, the treatment becomes simple and success assured, for then state and function of intellect and body are all under easy constraint, influence and control.

These are my own conclusions, convictions, thought and feeling on the subject, from which I am aware others may widely differ, but, with all respect for those who may differ, I shall still believe them to be the truth.

And in conclusion I would say that while much is being done for the treatment of these cases, I believe more still remains to be done, and always will remain until neurasthenia with all other evils has passed away for ever; not however, so much in the way of elaborating theories of treatment as in careful study and observation on the part of the individual nurse, and, more important still, of that conscientious and exacting self-cultivation that is in all respects the direct antithesis to neurasthenia, which together will enable her to do her duty by those stumbling and fallen travellers in life's path, whom she has undertaken to help up on to their feet again.

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## HOW TO FOSTER THE TRUE SPIRIT OF NURSING AND COMBAT THE COMMERCIAL.\*

What struck me as something which might apply very aptly to some of us and deter us from any aspirations to literary work was let fall from the lips of a wise man on being interviewed by a "seeker of knowledge" as to his life's work. "I have never had a moment of unoccupied time," he said, "outside my own business and religious affairs to devote to writing on any subject and moreover I consider it a waste of time unless one were quite sure of producing something great and useful."

Although feeling one's utter inability to produce anything great, still one naturally feels a certain reluctance to absolutely refusing to try and help. We all know, or a good many of us, at all events, how disheartening it is and how great the disappointment to the small working committee of any society, on receiving repeated refusals for contributions to their programme. Having a fellow feeling for these trials, I am going to venture my mite, trusting my fellow workers will accept it with all its imperfections in the spirit in which it is given—as merely an honest effort to be of some help.

How to combat the growing influence of commercialism, which threatens to undermine the true spirit of our profession, is one of the most serious problems of the present day to us nurses and I think we must admit that the

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\* Read by Miss Chesley, Superintendent of St. Luke's Hospital, Ottawa, at the Annual Meeting of the Canadian Society of Superintendents of Training Schools.

remedial measures must be begun in our training schools. We all have the honor of our profession at heart and although allowing that the admixture of dollars and cents is inevitable and justifiable in any walk of life, within certain limits, too great a preponderance is repugnant and humiliating to a degree in the nursing profession.

The first step to be taken towards controlling it is a careful choice of the material for our schools. This is a difficult matter as so many apply for admission from such varied motives, and alas! those with the ideal motive—love for the work—are in the minority. Furthermore, the one imperative need with which we are always face to face, is the provision of sufficient material to nurse the sick in our wards and this material must be provided from what is offered for our selection, be it what it may, and that at once for we cannot close our hospital doors till we have searched for and found the right sort.

What are our facilities for making the proper choice? A number of young women, who of necessity have to choose some vocation as a means of earning a living. The facile conditions for entering a training school for nurses present themselves and are certainly alluring. No fee is exacted for entrance, with few exceptions: this is important to those having little or no capital. A certain standard of education, not necessarily a university training, certain standards of physique, health and character, the passing of an elementary examination and a practical test for a period of several months are required. The following fact also appeals to the average candidate: not having sufficient in herself to warrant any social standing, she hopes to obtain it through her profession as a trained nurse. One cannot deny that it is the open sesame to the house where a tradeswoman or one engaged in some other honest but caste-dividing occupation could never hope to enter. They weigh these advantages against conditions offered by other occupations and the scales fall in favor of nursing. Having complied satisfactorily with the hospital conditions of entrance they cheerfully launch themselves into the work of equipment for making a good living as trained nurses. We must acknowledge that these are perfectly honest, and up to a certain limit, quite laudable incentives, at the same time appreciating the necessity of motives less mercenary and more worthy of our profession. In the first instance, in making our selection of probationers, we rarely have more to guide us than perhaps a number of well written, well spelled and well constructed letters of application, credentials of character and certificates of health, two or more letters of recommendation from friends at the solicitation of the applicant and any information we may be able to gather ourselves from letters of inquiry. The preparatory class of four to six months may perhaps give us better opportunities for probing motives and grasping the salient qualities of our material. We can certainly count on having greater opportunities for daily intercourse with them and thus the means of closer observation from which to draw conclusions. Yet how much further can we get beyond the fact that our candidates possess characteristics of diligence and ambition, the capacity for obtaining and retaining knowledge readily, powers of observation, etc.? Our material has not as yet been allowed to confront the

sickness and suffering in the wards, their fitness and temperament, therefore, for their work as nurses have not been tested; their chief aim has been the preparation for and successful termination of their trial work and they have been wholly absorbed in it. Let it be understood that our choice is finally made among those candidates who have evinced the greater quota of brains and good, practical common sense and these, we must acknowledge, we accept and welcome with a certain satisfaction as the product from which will be evolved the coming superintendent, and in the interval, and very important to us, the managing of the wards of the hospital, in which we are more immediately concerned on true economic and common sense principles. Are we attaching too much importance to these points? By no means: these qualities are obviously indispensable and on these grounds we select our material, but with an acknowledged trust in Providence to direct us aright and hoping that we have chosen that which has talent, the heart to govern the head or the true spirit of nursing which we hope will, on development, dominate every action. This, then, is the material upon which we have to work and upon us superintendents is placed the responsibility of guiding it aright so that it will be everything that is ornamental and nothing that is disfiguring to our profession. We have two duties clearly before us — to foster the true spirit of nursing and combat the mercenary. By accomplishing the former we can best hope for a solution to the latter, indeed I firmly believe there is no other way. Our alumnae associations, registries; etc., are helpful, but it is only by the good principles inherent in our material, cultivated in the training school and acted up to by the individual nurse, that the cure can be effected.

What can we do to foster the true nursing spirit? Be it understood that ideals and standards exist for every one of us and they cannot be too high and that even if we fall short of the full realization of them it is possible for all to press forward to the highest mark of our high calling, and this should never be lost sight of for one moment in our intercourse with our pupils. The initial step to be taken in the installation of high principles, I take it, is by attaching more weight to the spiritual side of our training. Perhaps we are all too prone to allow the mental and physical to take precedence, even to pass over the spiritual. Why should we? It is indisputable that the spiritual side of the question is the keynote to the true spirit of nursing, therefore of vital importance. It can be interpreted to our pupils as the power that gathers together and matures all that is best in us—the love, sympathy, tact, unselfishness, the toleration, mercy and pity for the sometime loathsomeness and hideousness of disease. The keen sense of gratification we must feel in ministering to and alleviating the "world's highest needs," impelled to do so by this indefinable power, this spiritual life, must bring, perhaps, not pleasure or enjoyment but certainly happiness. Does not this give it sufficient valuation in the eyes of our pupils as a thing to be sought after?

What practical means have we at our disposal to combine with our precepts? First, the beginning of each day should be hallowed by the whole school asking together for Divine guidance in the daily round. The greatest

consideration should be shown in facilitating and in encouraging church-going; perhaps a society might be formed among us—a Young Women's Christian Association or a small band of social workers, who would undertake to look into the needs of the ignorant poor within our walls, following them to their homes and making them ambitious for and helping them to find better things, ever keeping our pupils cognizant of any movement for the public good and inciting them to interest and the desire to help. They may be induced to give a little of their time off duty each day to some good work and so on, anything to counteract the superficial and strengthen the deeper side of their character.

To come to the close of my argument, let us glance for a minute at the commercial or practical side of the question. A nurse must live, then let her live where there is wealth to pay. On the other hand, she must let live. Sickness is ever an unwelcome guest to rich and poor alike, but when it comes hand-in-hand with poverty or only limited means and bringing in its train a whole retinue of expenses, no true nurse or woman would condescend to strain these limited resources unduly for her own gain. Finally, her greatest safeguard against a tendency to traffic at the expense of sickness and trouble, is due to the habitual blending of the spiritual with her busy, full, hospital life. I take it this is the solution to the problem. I can think of no better way of rounding off my paper than by giving you these beautiful words of Jean Blewett, which I am sure you will all think applicable:

Each day that comes to us with dawn of rose,  
 Each common day, filled up with common toil,  
 A ladder is let down by One who knows  
 Our passionate desire to rise above  
 The littleness of life, the grime, the greed,  
 To find the higher way, the vision clear;  
 A ladder swinging from the Hills of Gold  
 Right down to this old workshop yclept the world,  
 Where you and I may set our feet and climb  
 By rungs of lowly task and broken prayer,  
 And self-forgetfulness and pure desires,  
 A little nearer Heaven "twixt dawn and dusk."

## ST. BARNABAS AND OTHER LEAGUES.\*

### THE GUILD PRINCIPLE.

As we look over the history of humanity, reading therein the record of its struggles, we are impressed with the means which have been resorted to in order to deepen and encourage the best and highest in its character. Among these means we find guilds and leagues existing for the perfecting of a craft, and the preservation of the soul of that craft. It was not merely that the workmanship should become more perfect in execution and of greater monetary value, but that it should become well-nigh an impossibility for the

\* Read by Miss Young, Assistant Superintendent of Nurses, Montreal General Hospital, at the Annual Meeting of the Canadian Society of Superintendents of Training Schools.

individual to dishonor his craft by unworkmanlike work. Guilds have existed for many hundreds of years in England and under the influence of Christianity the spirit of association received a mighty impulse. The essential principle of a guild is the banding together for mutual help, mutual enjoyment, and mutual encouragement in good endeavor. Brentano tells us: "The craft gildmen provided for the maintenance of the customs of their craft, framed further ordinances for its regulation (including care against fraudulent workmanship)." Obedience, peace and good will, we are told, were enjoined upon its members. This being the *raison d'être* for their existence, we are not astonished at the profound influence guilds have had on the character of institutions and of individuals. The tendencies that arose through the influence of commerce quickly (as well as skilfully) performed labor, influencing in time these guilds of craftsmen and their ideals, they became to a greater or lesser degree less spiritual in character and correspondingly less and less of an influence in the progress of humanity.

#### NURSES' ASSOCIATIONS.

Looking within our own field, that of nursing, though we have a comparatively short history it is none the less an interesting one, reflecting as it does the history of individual and associated endeavor to improve our work both from a spiritual and from a scientific point of view, and as in general history so we find in the history of nursing, associated rather than isolated efforts proving effectual. Such associated endeavor we find in the work of our guilds, leagues, alumnae associations, superintendents' societies, national and international councils.

#### ORIGIN OF THE GUILD.

The Guild of St. Barnabas for nurses was begun in London in 1876. Miss Antrobus, herself a trained nurse and deeply interested in the well-being of the profession, determined to make the experiment of a guild or association which should concern itself with the spiritual profit and mutual support and encouragement of such trained nurses as might be drawn to join it. After full and careful consideration, Miss Antrobus and the little group of friends whom she had invited to co-operate with her, drew up a scheme of organization and a few tentative rules which in 1895 received their final shape and are now printed in the Guild's Manual. Early in the morning of St. Barnabas Day, June 11th, 1876, a few friends met and received Holy Communion together. On the evening of the same day the first guild meeting was held and the work commenced under the name of the Guild of St. Barnabas. There seemed a peculiar fitness in thus connecting the guild with the "Son of Consolation." No name could more fully express the ideal of a Christian nurse or more perfectly remind her of the sacred obligation of her calling—"Guerir quelque fois, soulager souvent, consoler toujours"; to heal sometimes, to relieve often, to console always.

#### AIM AND RULE OF LIFE.

The aim of the guild is purely religious; it concerns itself not with the technical details of a nurse's work, but with the hidden world of aims and motives, with character—its roots and its unfolding. Its ambition is, in how-

ever small degree, to help its members to be good Christian women, to support them under the strain of their particular calling as nurses, in simple ways to deepen piety, and to give warning and guidance against temptation. To this end there is a rule of life, which adds no new duties except attending once a month (when not on a case) at a guild meeting. To quote our Canadian District Chaplain, it simply reiterates what is expected of every Christian woman—prayer, sacraments, and dedication of life. The actual rule of life will be found in the Guild Manual, copies of which can be attained at any time.

#### GROWTH OF THE GUILD.

The brief history of the progress of the Guild of St. Barnabas is this: In 1876 the Guild of St. Barnabas was founded in London; five years later a branch was formed in Manchester. In 1883 "*Misericordia*," the guild paper, was started. At present there are fifty-one branches in the British Isles, as well as one in Australia, one in New Zealand, and one in Zanzibar. In addition to these, districts have been formed in the colonies, in India with three branches, South Africa with four branches, and in Canada with three branches.

#### MEETINGS.

The regular monthly meeting of the guild consists of the guild service and an address by the chaplain or other clergyman. This is followed sometimes by a meeting and always by a social hour, when tea is served and the members have an opportunity of meeting each other. In England there is an annual retreat. The anniversary service held on St. Barnabas Day or as near that day as possible in London is most interesting. At the twenty-fifth anniversary service held in St. Margarets, Westminster, the patron of the Guild of St. Barnabas, the Bishop of Lincoln, preached the anniversary sermon. The tea and annual meeting took place in the Church House, Westminster, which was especially decorated. Florence Nightingale sent greetings and good wishes as she was unable to be present. At the thirty-third anniversary service held last June the Bishop of Birmingham preached the anniversary sermon and at the annual meeting the originator of the guild, Miss Antrobus, was again elected Superior General.

#### MEMBERSHIP.

In regard to membership of the guild, the English constitution (which is that of the districts) reads that a nurse wishing to join the guild shall be either a probationer of at least six months standing in training at a hospital or infirmary, or one who has been so trained and is in the active exercise of her profession. She must be a communicant of the Church of England. Midwives and monthly nurses are eligible, provided that they bring proof of hospital training and of having been engaged in work for six months or more. In order to become a member of the guild, it is necessary to apply personally or by letter to any of the guild officers; if approved by such officer the name is submitted to the chaplain-general or local chaplain and on his approval the applicant is admitted at a guild meeting. At the end of six months associates may be received as members. One of the features of



Guild of St. Barnabas is the medal given to all members, serving as a token and badge of membership. This is frequently the means of mutual recognition.

#### THE GUILD IN CANADA.

The work began in Canada, January, 1898, in Montreal. Toronto next formed a branch, then Ottawa. Three years ago a Canadian District was formed, and a branch has since been opened in Quebec. The districts are governed by a superior assisted by a district chaplain, and a council composed of at least six members. Local branches may be established by application to the District Council. The district may make by-laws subject to confirmation by the Council General in London, England, but must accept all the articles of the constitution of the guild, including the rule of life. This constitution together with the rule of life, as I mentioned before, is to be found in the little manual of the Guild of St. Barnabas. In Montreal the work of the guild is most encouraging: the regular meetings are held on the third Tuesday of each month in the evening, either in the chapel of St. John the Evangelist Church, the chapel of the Royal Victoria Hospital or the Montreal General Hospital chapel. At meetings held in the hospital it has been interesting to note the very large attendance, which simply signifies on the part of the nurses, graduates and those in training an interest that cannot be overlooked. Above and beyond these meetings is the opportunity offered once a month in our hospital chapels when the Holy Communion is celebrated for the nurses by the district chaplain. In addition to these meetings, we have in Montreal, on the second Tuesday of the month, a guild service in the chapel of St. John the Evangelist, or a social meeting at the house of one of the members at four o'clock in the afternoon. This has been arranged for those who for one reason or another may not be able to attend the evening meetings. Toronto also reports meetings in the hospitals as being most successful. In 1907 we were cheered and encouraged in our work by Miss Wood, secretary-general, on the occasion of her visit to the colonies and their branches. One thing in the past which kept many nurses in Canada from the Guild was that not being members of the Church of England they could not join the guild although they were made welcome at the meetings. This difficulty has been overcome by admitting nurses not of the Anglican communion as honorary members.

#### THE AMERICAN GUILD OF ST. BARNABAS.

In 1887 a Guild of St. Barnabas was founded in Boston by Father Osborne and now there are branches in many of the cities of the northern, southern, eastern and western states, with an aggregate membership of over two thousand. The guild in the United States differs in many respects from the guild in England and her colonies. Members there need not be of the Episcopal communion, but must be graduates of a recognized training school or nurses in training in such schools. They must, however, adopt the rule of life as set forth in their manual.

## OTHER GUILDS AND LEAGUES.

In addition to the Guild of St. Barnabas, a guild was started in England about fourteen years ago known as "The Church Nurses' Guild." Guilds are now formed and being formed in England and the United States for nurses of the Roman Catholic Church, thus binding us all together in our work and in the sympathy of a common aim.

## LEAGUES FOR SOCIAL WORK.

The nurses' leagues of England, corresponding as they do with our alumnae societies and being professional in aim, are outside the scope of this paper. There are, however, leagues formed for definite social work both in England and America. In Canada we have the Heather Club, the first organized effort among Canadian nurses for social work, formed by the nurses of the Sick Children's Hospital, Toronto.

## CONCLUSION.

Such societies as these bear witness to the fact that nurses are awakening, albeit slowly, to the duties and responsibilities of citizenship. These societies help to raise the "civic spirit" of their members and to foster the full development of the human being and citizen in every nurse. A nurse who is justly proud of her high and sacred employment must watch and work her hardest if she would be faithful to all its manifold obligations. The guild method is helpful; we meet together at stated times, in Christ's Name, and look for the blessing of Christ's promised presence. We pray each day for each other and our work, and strive to live true to a simple rule of life, to which we have all bound ourselves.

### THE TRAINING SCHOOL CURRICULUM.

The Special Training School Committee of the American Hospital Association reported at the annual meeting held in Washington, D.C., September 21-24.

The members of the committee were: Dr. Henry M. Hurd, Johns Hopkins Hospital, Baltimore, Md.; Dr. Frederic A. Washburn, Massachusetts General Hospital, Boston, Mass.; Dr. J. N. E. Brown, Toronto General Hospital, Toronto, Ont.; Miss Charlotte A. Aikens, 722 Sheridan Avenue, Detroit, Mich.; Miss Mary L. Keith, Rochester City Hospital, Rochester, N.Y.; Miss Mary M. Riddle, Newton Hospital, Newton, Mass.; Dr. W. L. Babcock, The Grace Hospital, Detroit, Mich.

The report is as follows:

#### CLASSIFICATION OF HOSPITALS.

- (1) Isolated small hospitals.
- (2) Small hospitals, near to, or in affiliation with large general hospitals.
- (3) Special hospitals, including eye and ear, skin and cancer, children's and infants', lying-in, tuberculosis, orthopedic hospitals, etc.; sanatoria for nervous and mental diseases, hospitals for contagious diseases; hospitals for the insane, and hospitals for incurables.
- (4) Large general hospitals.

It is the sense of the Committee that hospitals of less than twenty-five beds, which cannot affiliate or maintain some association with larger institutions, on account of their isolation or financial condition, should not attempt to maintain training schools for the training of nurses.

The following general recommendations, to cover all classes of hospitals, were adopted by the Committee:

- (1) That a probationary term of not less than three months be maintained.
- (2) That probationers be admitted in classes, at regular intervals, preferably twice yearly.
- (3) That a preliminary course of study, of not less than three months' duration be given to each class, such course to include practical demonstrations of general nursing methods.
- (4) That at least two weeks of the preliminary course be given before allowing pupils to assume any nursing responsibility.
- (5) That pupil nurses should not be called upon to give more than sixty-three hours per week to their work, including class hours and exclusive of time off duty. Emergency work out of hours, or overtime work, should be repaid pupils as soon as possible. All time lost by illness of pupils should be made up at the end of the course.
- (6) That all hospitals which cannot give one of the courses hereinafter outlined, in its entirety, should seek affiliation with other hospitals in the subjects not covered by the class of patients under treatment.
- (7) That paid medical instructors should be employed by all hospitals that can afford to employ them. The Committee has ascertained that a few hundred dollars per year will furnish competent paid instructors for the work.

Where paid instructors cannot be maintained, arrangements should be made to have the lectures and strictly medical teaching of the school presented by two or three medical men, rather than by a larger number of physicians.

(8) That a vacation of at least two weeks per year, for the two years three months course, and three weeks per year for the three years course be allowed all pupils during the summer months.

(9) That all hospitals maintaining training schools of any character, including hospitals for the insane, employ a graduate nurse as superintendent of nurses.

(10) That no hospital should attempt to maintain a training school for nurses if it cannot meet the requirements of the two years three months minimum course, or arrange affiliations with other hospitals that will provide full equivalents.

(11) That training schools should not be maintained in small hospitals, without at least two paid resident instructors being provided for the teaching of nurses, one of whom must necessarily be superintendent of the hospital and principal of the training school. That all hospitals, irrespective of size, have a graduate nurse as night supervisor. This number shall be considered the absolute minimum, irrespective of the size of the school.

(12) That many large general hospitals can advantageously establish a course of six or nine months in hospital economics, administration and institutional nursing. This recommendation is made in response to the great demand for nurses trained in hospital or institutional work, to fill positions in training schools or other hospital departments.

#### QUALIFICATIONS FOR ADMISSION AS A PROBATIONER TO THE PRELIMINARY COURSE.

- (1) Age, 21 to 35 years.
- (2) Height and weight, average.
- (3) Physical health, sight and hearing should be normal.
- (4) Physical examination should be given candidates before final acceptance to the school, by a physician appointed by the Training School Committee or Hospital.
- (5) Proof of recent vaccination, or vaccination at time of entering the school.
- (6) Presentation of certificate, giving evidence of one year in a high school or its equivalent. Equivalent may be defined as: (a) Additional educational qualifications. (b) Evidence of further mental training, such as courses in business college, stenography, art, music, etc. (c) Exceptional personal fitness, combined with desirable home training.

It is not expected that any one or all of the above suggested qualifications be accepted in lieu of a common school education. It is suggested that occasional candidates may have qualifications or attributes which might be considered equivalent to the first year of high school duty.

An application blank, covering the above necessary qualifications and several other questions that will occur to the principal, should be devised. It is recommended that a form similar to Appendix A be used for

a physician's statement. It may be incorporated as a part of the application blank. Even though the physician's statement be satisfactory, a physical examination should be made by a physician appointed by the training school committee or the hospital at the time of admission to the preliminary course.

#### CLASS I.

##### ISOLATED SMALL HOSPITALS.

The Committee recognizes that the training school problem in the isolated small hospital, of from twenty-five to seventy-five beds, is a problem apart from the training school situation in larger institutions. Numerically, this is the largest division of hospitals in the classification. Hospitals of this size are scattered throughout the entire country. They are most common in the middle west, south and far west, and are less stable in organization than older and larger institutions. They may be municipal, county, private or semi-private in their management, or, as is frequently the case, organized by village or corporate associations. The professional work and medical departments of these hospitals are usually more or less circumscribed in variety and limited to general medicine, general surgery and gynaecology. A moderate number of these hospitals have small obstetrical departments, and a still smaller number have a children's department. Few of the smaller institutions have a contagious department. Many of these hospitals have demonstrated the possibility of maintaining training schools that compare favorably with schools in larger institutions. Properly managed training schools in these institutions are recognized as capable of turning out graduates well qualified for general medical and surgical nursing in private families. Many factors entering into the situation of these schools lead the Committee to recommend a two years three months course, of which three months shall constitute a definite preliminary course of study.

The term of school training should be not less than thirty-eight weeks per year for the two years three months minimum course hereinafter outlined.

##### PRELIMINARY COURSES.

The preliminary schedule as outlined can be used for the two years three months' course in the smaller hospital, or the complete three years' course in the large general hospital. The teaching of these subjects in the preliminary course must of necessity be more or less elementary. It is recommended that the study of the subjects outlined be attempted in a systematic manner. It is not expected that they will be completed during the three months of preliminary training. This course should be amplified and continued throughout the junior year, in association with subjects hereinafter outlined for the first year. This course has been constructed with the hope that it will provide the groundwork of the subsequent practical career of the pupil nurse in the school and in the hospital.

##### PRELIMINARY COURSE.

- (a) Practice and theory of nursing (elementary).
- (b) Disinfection, sterilization and protection against bacterial diseases (elementary bacteriology).

(c) Study of common drugs and their administration. (Preferably taught in pharmacy in class sections. See Clinics and Demonstrations, first year, No. 16.)

(d) Dietetics: Classification of foods, care of foods, cooking of foods, serving of foods. (See Clinics and Demonstrations, first year, No. 15.)

(e) Hospital ethics.

(f) Household economy. (See Clinics and Demonstrations, first year, Nos. 1, 2 and 3.)

(g) Hygiene and sanitation.

(h) Bandages and Dressings. (See Clinics and Demonstrations, first year, Nos. 9, 10 and 11.)

(i) Elementary study of anatomy and physiology.

#### JUNIOR YEAR.

(a) Continuation of studies of preliminary course.

(b) General medical and surgical nursing.

(c) Ward and bedside clinics and demonstrations.

#### OUTLINE.

##### CLINICS AND DEMONSTRATIONS (FIRST YEAR).

(1) Beds; bedding; bed-making, with and without patient; management of helpless patients; changing beds; bed-making for operative patients; rubber cushions; bed rests; cradles; arrangement of pillows, etc.; substitutes for hospital appliances.

(2) Sweeping; dusting; preparing room for patient; disinfection of bedding; furniture, etc.; care of patients' clothing in wards and private rooms; disinfection of infected clothing.

(3) Care of linen rooms; refrigerators; bath rooms and appliances, sinks; hoppers; bath-tubs, etc.

(4) Baths—full sponge, to reduce temperatures; foot baths; vapor baths, hot and cold packs.

(5) Administration of rectal injections, for laxative, nutritive, stimulating, astringent purposes; care of appliances; disinfection of excreta.

(6) Vaginal douches; methods of sterilizing appliances; use and care of catheters; vesical douches; rectal and colonic irrigations.

(7) Local hot and cold applications; making of poultices; fomentations, compresses; methods of application; care of hot water bottles; uses and care of ice caps and coils.

(8) Chart keeping; methods of recording bedside observations.

(9) Making of bandages — roller, many-tailed, plaster, abdominal, breast; pneumonia jackets.

(10) Methods of applying roller bandages.

(11) Methods of applying other bandages.

(12) Appliances to prepare for ward examinations and dressings; sterilization of ward instruments; nurses' duties during dressings.

(13) Preparation of patients for operation; hand disinfection.

(14) Preparation and care of surgical dressings, sponges, swabs, etc.

(15) Tray setting and food serving; feeding of helpless and delirious patients; management of liquid diet.

(16) Administration of medicines; methods of giving pills, tablets, capsules, powders, oils, fluids; application of plasters, ointments, etc.; use and care of medicine droppers and minim glasses, atomizers, inhalers, hypodermic syringes, etc.; management of inhalations, eye drops, suppositories, etc.

(17) Care of the dead.

(18) Symptomatology—the pulse; correct methods of examining pulse; volume, tension, rhythm, rate, etc.; effect of exercise, emotions, baths, drugs, shock and hemorrhage.

(19) The face in disease—the skin; expression, eyes, mouth, teeth, etc.; variations from normal, care of mouth and teeth; general observations of the body.

(20) Respiration—normal and in respiratory affections.

(21) Pneumonia—respiration, cough and sputum; crisis and lysis explained and charts shown.

(22) Typhoid fever—face, rose spots, temperature charts, changes in temperature and pulse explained; danger signals; prophylactic measures; methods of managing delirious patients, proper restraint, etc.

(23) Specimens of excreta—urine, sputum, feces, etc.; nurses' duties regarding each; importance and general management.

(Note.—The numbers signify only headings or divisions, and should not be construed to limit the number of demonstrations or clinics.)

## SECOND YEAR.

### LECTURES AND DEMONSTRATIONS.

Accidents and emergencies, including poisonings, two hours.

Fractures and head injuries, one hour.

Preparation of patients for anesthesia and their after care, one hour.

Surgical material, instruments, and operative technique, two hours.

Complication of wounds, two hours.

Infection, inflammation and immunity, one hour.

Care of orthopedic patients, one hour.

Gynaecology, two hours.

Diseases of the digestive organs, two hours.

Diseases of the kidneys, one hour.

Typhoid fever, two hours.

General fevers, one hour.

Tuberculosis, two hours.

Other diseases of the lungs, two hours.

Diseases of the heart and circulatory system, one hour.

Obstetrics, seven hours.

Contagious, infectious and genito-urinary diseases, three hours.

Diseases of the skin and morbid growths, one hour.

Care of infants and sick children, four hours.

Diseases of the eye, one hour.

Diseases of the ear, nose and throat, one hour.

Diseases of the nervous system, insanity and care of delirious patients, two hours.

### OUTLINE.

#### CLINICS AND DEMONSTRATIONS (SECOND AND THIRD YEARS).

- (1) Surgical technique: preparation for operation; nurses' duties during operations.
- (2) Preparation of antiseptic gauzes, ligatures, etc.; preparation for hypodermoclysis; for aspirating; preparation for anesthetist's outfit.
- (3) Management of sutures and ligatures during operation; instruments for common operations.
- (4) Surgical anatomy and surgical positions.
- (5) Surgical specimens—appendix, tumors, cysts, bone, etc.: preparation and general care.
- (6) Methods of preparing patients for examinations; inspection, percussion, auscultation, etc.; abdominal, vaginal, instrumental and non-instrumental.
- (7) Methods of arresting hemorrhage; external, internal.
- (8) Clinic on pulse and affections of the heart and circulatory system.
- (9) Clinic on respiratory affections—pneumonia, pleurisy, asthma, tuberculosis, etc.
- (10) Fevers—important symptoms in special cases.
- (11) Sepsis—charts shown; important symptoms and nursing points.
- (12) Children's diseases—rickets, teeth, general characteristics; skin affections of children; diseases of the eyes, ears, glandular system; comparison of symptoms in children with adults; marasmus; digestive disorders; adenoids, etc.
- (13) Orthopedic clinic; bow-legs, Potts' disease; imperfect development; hip-joint disease; spinal curvature; physical exercises; adjustment of braces; extension of apparatus and corrective appliances.
- (14) Milk modification for infants according to different formulæ; also for fever patients and invalids.
- (15) Obstetrical methods; preparation for normal labor; for instrumental delivery; dressing the cord; care of the baby's mouth and eyes; massage of the mother's breasts; use and care of breast pump; application of abdominal and breast binders; bathing and dressing the baby; management of obstetrical emergencies, etc.
- (16) Demonstration of ophthalmic methods; washing out the conjunctival sac; applying eye drops to the eye; eye compresses; preparation for ophthalmic operations, dressings, etc.
- (17) Nursing methods in aural, mouth and throat cases; preparation of field of operation in such cases; methods of feeding; uses of syringes, sprays, etc.; nasal douches; taking cultures from the throat; instruments for tracheotomy; intubations, care of tube, etc.
- (18) The uses of water for remedial purposes; external application; spinal sprays and douches; Schott baths; medicated baths, etc.
- (19) Internal application of water; lavage; enteroclysis; preparation for intravenous infusions, etc.



(20) Massage: demonstration of methods; effleurage; friction; petrissage; tapotement; methods of stroking; management of light and heavy treatments.

(21) Massage: kneading, percussion; general massage; contra-indications.

(22) Local massage—legs and abdomen.

(23) Local massage; head and neck.

(24) Physical exercises; passive and active movements.

(25) Urine and urinalysis; simple tests for albumen, sugar, acidity, specific gravity, etc.

(26) First aid methods—bandaging, etc., in case of accident; artificial respiration, etc.

(27) Management of delirious and insane patients.

(Note.—The numbers signify only headings or divisions, not the number of demonstrations or clinics. It is hoped that each school will utilize such patients as the institution provides, to give as varied clinical and practical instruction as possible.)

It is recommended that, as the facilities and needs of different hospitals vary, several of the above subjects be amplified and others added to suit local requirements. Not less than forty-two hours during the second year should be devoted to the practical teaching of the above subjects. It is recommended that continued and special attention be given, throughout the second year, to dietetics, hygiene and the management of special diseases. It will occasionally occur that patients suffering from some special disease, epidemic, or infection may be brought into the hospital. If possible, they should be made the occasion of special clinics and demonstrations.

The above outline of the two years three months' course should constitute the minimum teaching course in the isolated small hospital. Hospitals that cannot give this schedule in its entirety should arrange affiliations with larger hospitals.

## CLASS II.

### SMALL HOSPITALS IN PROXIMITY TO LARGE GENERAL HOSPITALS.

The Committee recommends that hospitals of from twenty-five to seventy-five beds, in proximity to larger hospitals or large medical centres, arrange for affiliation with these institutions, for such training school work as cannot be given in the local hospital. Hospitals of this class, which cannot give the three years' maximum course, hereinafter outlined, should arrange their affiliation so as to complete the three years' course for the pupil. This gives the services of the pupil to the local hospital for at least two years three months, or two years and six months of the course. It is not expected that affiliation will be sought by many hospitals for more than two or three subjects. If affiliation is sought as outlined, the time devoted by pupils of training schools of this class should be considered additional to the minimum schedule recommended for the isolated small hospital. The Committee recommends the following periods of affiliation: Obstetrics, three months; diseases of children, three months; contagious diseases (optional), two or

three months; general medicine or general surgery, three to six months; eye and ear, orthopedic, or out-patient work, three months.

### CLASS III.

#### SPECIAL HOSPITALS.

This class includes eye and ear, skin and cancer, children's and infants', lying-in, tuberculosis, orthopedic hospitals, etc.; sanatoria for nervous and mental diseases, hospitals for contagious diseases, hospitals for incurables and for the insane.

On approaching the subject of training schools for these hospitals, the Committee met with considerable difficulty, incident to the limited character of the work carried on.

The Committee recommends that large hospitals for the insane, giving a two years three months' course, as outlined, seek affiliation or reciprocity with general hospitals, in subjects which, from lack of material or other reasons, cannot be given in the parent school.

Other special hospitals in this class should seek pupils from general hospitals desiring to affiliate in their specialty, or employ graduates. The Committee does not consider that special hospitals, whose clientele is limited to one specialty, are in a position to maintain training schools or to train nurses adequately for general nursing.

### CLASS IV.

#### LARGE GENERAL HOSPITALS.

The Committee recommends a three years' graded course for training schools in hospitals of this class, the course to include a probationary period of three months, including the preliminary course, as stated, of from three to six months, for each class of probationers.

The outline for the three years' graded course assumes that a hospital of seventy-five or more beds offers at least, either at home or by affiliation, nursing in the following departments: Medicine, surgery, obstetrics, and diseases of children.

#### PRELIMINARY COURSE OF THREE TO SIX MONTHS.

The outline for this course will be found in the two years three months' course. It is expected that the work in the preliminary term of the three years' course be amplified and advanced beyond that of the shorter course.

#### FIRST YEAR THEORETICAL WORK.

Preliminary course as previously outlined, and in addition:

Principles of Nursing—Thirty hours. (Class recitations from text-books or by topics or by lectures.)

Fever Nursing, including contagion, twelve hours.

Study of Drugs and Their Administration, ten hours.

Measuring and Determining Body Fluids, two hours.

Reviews and Examinations, four hours.

#### FIRST YEAR PRACTICAL WORK.

Practical work of the preliminary course (as previously outlined) and in addition:

Medical Nursing—Three to five months. (Including the nervous and insane, fevers [non-contagious] and all the general medical affections of men and women.

Surgical Nursing—Three to five months. (Including gynaecology and orthopedics.)

Vacation, three weeks.

It is recommended that two months of night duty be given in this year, one month in medical and one month in surgical wards.

The practical work of this year is also to be supplemented by bedside clinics and demonstrations as outlined.

#### SECOND YEAR THEORETICAL WORK.

Study of Drugs and Their Administration, ten hours.

Massage, one to two hours.

Anatomy and Physiology, twelve to twenty hours.

Foods and Food Values, eight to fourteen hours.

Bedside Clinics or Lectures, eight to fourteen hours.

Obstetrical Nursing—Class recitations, ten to sixteen hours. Lectures, four to six hours. Demonstrations included in practical work.

Reviews and Examinations, eight hours.

#### SECOND YEAR PRACTICAL WORK.

Operating Room Experience, two to four months.

Nursing Sick Children, two to four months.

Nursing Services in the special departments of the hospital, such as: Department for contagious diseases; department for private patients; dispensary or out-patient department, four to five months; emergency wards; open air department.

Massage, eight to twelve lessons.

Vacation, three weeks.

Two or three months of night duty are recommended.

The practical work of this year is to be supplemented by bedside clinics and demonstrations as outlined.

#### THIRD YEAR THEORETICAL WORK.

Lectures on Special Subjects—Six to twelve hours. Care of the eye; care of the ear, nose and throat; care of the nervous and insane; diseases of the skin and venereal diseases; tuberculosis; contagions. Hospitals not treating any class of cases mentioned above will lack in practical work and should devote more time to theory.

Ethics of Private Nursing, six hours.

Lectures on Subjects Allied to Nursing—Seven to fourteen hours. Industrial and living conditions of the community; tuberculosis in the community; local milk and food supply; local charitable resources and relief of needy families; social service and charity work; settlements, visiting nurse work, school nursing; preventive work of board of health; the nurse's obligation to her school, and to her alumnae association; current topics related to nursing. Lectures on subjects allied to nursing should be given by specialists or experts.

## THIRD YEAR PRACTICAL WORK.

Obstetrical Nursing, two to four months.

Diet Kitchen Practice, including the modification of milk, one to two months.

District Nursing under Supervision, one to two months.

Executive Work (for pupils who show fitness), five to six months—in charge of wards; in training school office; as assistant to night supervisor.

Vacation.

One to two months of night duty are recommended.

Each senior pupil should conduct, under supervision, at least one demonstration for the junior class.

The practical work of this year should be supplemented by bedside clinics and demonstrations as outlined.

THE TRAINING OF ASSISTANTS OR ATTENDANTS FOR THE CARE OF CHRONIC CASES AND THE SICK AMONG THE POORER CLASSES.

The following was one of the resolutions which forms the basis of the work of the Committee:

"Second: To consider to what extent hospitals should undertake to prepare a class of nurse helpers or assistants."

The Committee would recommend that in future consideration of this subject, the words "nurse helpers" be dropped as a misnomer and the word "attendants" be substituted.

The inquiries of the Committee have clearly demonstrated the fact that there is a great demand in all parts of the country for a class of attendants or nurses with special training and capacity to nurse or care for patients suffering from minor illnesses, chronic diseases, etc., in the great middle class and among the poorer class. In most of the leading cities a small percentage of the needs of the poorer class are met by visiting nurse associations, guilds for the care of the sick, etc. The number of nurses representing these associations is inadequate to cover thoroughly the field in which they are supposed to work. To meet the demand for this class of nursing a large body of "attendants," with a certain degree of training, is necessary. Their capacity and training should enable them to minister to the class of patients designated above, at a rate ranging from \$8.00 to \$15.00 per week.

The following paragraphs expressed the views of the Committee:

(a) It is the unanimous opinion of the Committee that general hospitals, meeting the requirements of the two years three months' course, or the three years' full course, are not in a position to train attendants (so-called "nurse helpers").

(b) That nurse "attendants" be trained in hospitals too small to maintain a training school, with a proviso that in these hospitals a sufficient number of graduate nurses be employed to take the full responsibility of the care of the sick and that these pupils act only as assistants to the graduates.

(c) That nurse attendants be trained in the chronic wards of large city or municipal hospitals. It is believed that such a training could be given without interfering with the maintenance of a regular training school, whose special province would be the acute wards of these institutions.

(e) The Committee would further recommend to the Association that a special committee be appointed to fully investigate the subject of the nursing of people of limited means in their homes, and the education of trained attendants for this work; also to prepare an outline curriculum of training for such attendants and report to the Association at the next annual convention.

## STATEMENT OF FAMILY PHYSICIAN.

Residence .....

(Note.—A physical examination will be made by a physician connected with the training school before the pupil enters the school.)



At the first meeting of the Executive Council of the Board of Governors of the Victorian Order of Nurses since the summer recess, the **Chief Superintendent** presented her report of the work of the Order during the summer months. Since June, Miss Mackenzie has attended, as the representative of the Order, the International Congress of Women in Toronto, visited and inspected the various branches in the north and west, besides a number of new points, with a view to establishing branches in them; and attended the convention of the Superintendents' Society, at which she read a paper on the "History of the Victorian Order."

The Vancouver branch is growing. The committee have wisely moved the Nurses' Home to the East End; thus getting nearer to the ideal state, the union of settlement work and district nursing. A third nurse is being added to the staff.

The Queen Victoria Hospital at Revelstoke is adding a new wing. The building when completed will be an up-to-date hospital, accommodating fifty patients. The financial condition is excellent. The Arrowhead Hospital under the same management has had a busy year, and the work has been perfectly satisfactory.

The Victorian Hospital at Kaslo has had a busy, successful year. The new heating plant is being put in at a cost of some \$1,500; the grounds have been improved and in the summer the flower and vegetable gardens were a pleasure to behold.

The Fernie District is doing well. The nurse is busy and her little shack is as cosy as can be.

The first of the Lady Grey County Districts at Lundbreck, Cowley and Livingston is a marked success. The nurse is very busy and a great comfort to many.

A very enthusiastic meeting was held in the Y. M. C. A. building at Calgary, August 10th, for the purpose of discussing the advisability of organizing a branch of the Order there. A strong provisional committee was appointed who are working on the plan.

The Local Council of Women of Edmonton are to engage a district nurse for that city, who is to be a Victorian Order nurse.

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## The Guild of

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## Saint Barnabas

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### CANADIAN DISTRICT

**MONTREAL**—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 6.15 p.m. Last Tuesday Holy Communion at R.V.H., 6.15 p.m.

*District Chaplain*—Rev. Arthur French, 158 Mance Street.

*District Superior*—Miss Stikeman, 216 Drummond Street.

**OTTAWA**—The Cathedral, First Monday.

*Chaplain*—Rev. Canon Kitson, the Rectory.

*Local Superior*—Miss L. C. Wicksteed, 494 Albert Street.

**TORONTO**—St. James' Cathedral Rectory, last Friday, 8 p.m.

*Chaplain*—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.

*Local Superior*—Mrs. Welch.

*Secretary*—Miss Maud Roger, 5 Howland Ave.

**"The Master is come and calleth for thee."**

**A**S Jesus asked for Mary, so He has asked for you. He has said, I want you to be a nurse; I want you to spend yourself and your time in nursing; I want you to spend your money, or I want you to get your living, as a nurse. The call has come in two ways; perhaps unconsciously—as most calls do: (1) Inwardly. You were conscious of the nursing gift—the "gift of desire" ("the gift of all gifts," as Faber calls it), and of the desire to use it. (2) Outwardly. Circumstances have made it either possible or necessary for you to leave home, with its duties and pleasures, its difficulties and joys, its lights and its shades, its helps and its hindrances; circumstances have enabled or required you to nurse the sick—"those rude and sorrowful shrines of Christ's Own Gracious Presence." Such is your vocation. It is the realization of vocation which makes all the difference between a nurse who honestly tries to live out the Guild Rule, and one who simply takes up nursing as a fashion, or as a profession which is only "profession." It is most important for us to realize that we, as Guild members, however faulty, have deliberately stepped outside mere professionalism, and have, as religious women and Church nurses, said: I wish to bind myself by a simple rule of life to be true to the vocation of a Christian nurse.

*Canon Holmes.*

# My Scallop Shell of Quiet

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## A Prayer of St. Augustine.

O Thou, full of compassion, I commit and commend myself unto Thee, in whom I am, and live, and know. Be Thou the goal of my pilgrimage, and my rest by the way. Let my soul take refuge from the crowding turmoil of worldly thoughts beneath the shadow of Thy wings; let my heart, this sea of restless waves, find peace in Thee, O God. Thou bounteous giver of all good gifts, give to him who is weary refreshing food; gather our distracted thoughts and powers into harmony again; and set the prisoner free. See, he stands at Thy door and knocks; be it opened to him, that he may enter with a free step, and be quickened by Thee. For Thou art the well-spring of life, the light of eternal brightness, wherein the just live who love Thee. Be it unto me according to Thy word—Amen.—*St. Augustine.*

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## The Measure Thou Hast Appointed for Me.

O, Almighty God! Eternal treasure of all good things! Thou fillest all things with plenteousness; Thou clothest the lilies of the field, and feedest the young ravens that call upon Thee. Let Thy providence be my store-house, my own necessities the measures of my desire; but never let my desires of this world be greedy, nor my labor immoderate, nor my care vexatious and distracting; but moderate, holy, subordinate to Thy will, the measure thou hast appointed for me.—Amen.—*Jeremy Taylor.*



# The Canadian Nurse

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VOL. V.

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No. 11

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## Editorial

### THE AMERICAN HOSPITAL ASSOCIATION.

We regret very much that pressure on our space has compelled us to defer publication of two or three of the most important and interesting papers of the annual meeting of the American Hospital Association until next month. Chief among these is the excellent address of Dr. Homer Folks. The Washington meeting was a great success.

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### TUBERCULOSIS.

There are few subjects of such immediate practical importance to us all as tuberculosis and we are able this month to present to our readers an article by one of the best Canadian authorities on the subject, Dr. D. A. Stewart, of Winnipeg, Superintendent of the new Manitoba Sanitarium, the building for which is being rapidly pushed to completion under Dr. Stewart's direction. We congratulate the Winnipeg General Hospital, which is the one referred to in Dr. Stewart's paper, on having at least some special provision for teaching the nurses about tuberculosis and we hope our readers will let us know what is done in other hospitals throughout the Dominion. Dr. Stewart's article is advanced and progressive. It is also most interestingly written.

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### NEURASTHENIA FROM A NURSE'S POINT OF VIEW.

We are proud to publish the paper on this subject by Miss Rankin, of St. Joseph's Hospital, London. It is one of the best papers ever written on the nursing of nervous patients and we can only advise our readers to pay great attention to it. Miss Rankin's presentation of the subject is striking in its candor, force, and gentleness, and in its grasp of the underlying causes of the most complex problem of the modern nurse. By some strange mistake and to our great regret, the paper was not properly announced in the brief notice that appeared last month. But it needs no announcement. It speaks for itself. The work presented by Miss Baird on Dietetics, the fine paper of Miss Chesley, and especially the paper already referred to have made the September meeting of the superintendents in London a memorable one.

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### THE CANADIAN ARMY NURSING SERVICE RESCUE.

We understand that plans are under way by which a great mass meeting of nurses and the general public will be held on or about Victoria Day, May

24th, under the distinguished patronage of His Excellency the Governor-General, who will preside. It is likely that Toronto may be chosen by the Government, for reasons of convenience, and it is hoped that an arrangement may be made which would enable nurses from a distance to attend. We hope to make a definite announcement shortly. The arrangements are in the hands of Lieut.-Col. Guy Carleton Jones, Director-General of the Army Medical and Nursing Services in Canada.

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## Editorial Notes

### Finland.

**Nurses' Training Homes.**—The Union of Nurses' Training Homes in Finland now has 48 nurses in residence and with Government grants and an annual donation of 3000 marks from the Red Cross Society, it is doing well. It is now celebrating its tenth jubilee, according to the account given in *Elsione*.

### England.

**Medals for Nurses.**—Lieut. Shackleton, of South Pole fame, distributed prizes recently at the Middlesex Hospital Medical School and presented a gold, silver and bronze medal respectively to Nurses Gillam, Phillips and Hardy, who had done the best medical and surgical work in the wards during the year. These are the Fardon medals, founded by the friends of Dr. Fardon, for more than thirty years R. M. O. of the hospital. Middlesex Hospital is fortunate. Last year she secured Rudyard Kipling to make that famous address on doctors, and this year she has Lieut. Shackleton, who no doubt felt at home when he remembered that his sister is head nurse at the Children's Hospital in Winnipeg.

**The Catholic Nurses' Guild.**—At the Convent of the Visitation, Harrow-on-the-Hill, the Rt. Rev. Abbot Egan spoke of the Good Samaritan. "The nurse's profession," he said, "is nobler even than the physician's, for the latter has not the constant attendance on his patient, which is the nurse's duty; therefore hers is the higher call, because it gives occasion for a more extended exercise of the Christian virtues of patience, humility, and silence."

### Ceylon.

**Hospitals and Asylums.**—The report of Sir A. Perry for 1908 shows that new hospitals are being built in Ceylon, and all the hospitals are improving. There is much need for more improvement as some of the out-station hospitals have no nurses!

### Great Britain.

**The Nurses' Missionary League.**—Fourteen more nurses have gone to the foreign field from the league, and three valedictory meetings, all of which were well attended, were held for them. One of the most interesting addresses was given by Miss Rosevear, of St. Stephen's Hospital, Delhi. She said: "Nobody was too good for the life, for the temper was tried there to the utmost. No one has such opportunities in the mission field as a nurse, for

nurses live with their patients and create a Christian atmosphere around them. The training of a nurse is meant to develop her womanhood, and in the mission field her mother love has great calls made upon it, for the native nurses are but children and have to be trained in character, so that they may learn to be truthful and obedient. She will also probably have real babies to attend to, whose mothers only give them up to the hospital so as to save the trouble of a funeral; and the nurse will need much sister love to help the miserable women patients, whose misery is chiefly because they are women."

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### CORRESPONDENCE.

To the Editor of the Canadian Nurse, Toronto:

Dear Madam,—We greatly need missionary nurses in the West of Canada. The first essential in any nurse entering the service of the Women's Home Missionary Society is a strong missionary tendency, a love of charitable work for the work's sake. The second is adaptability. She must be resourceful and willing to make the most of inadequate equipment and uncongenial surroundings, as the majority of patients are foreigners. Men, women and children are admitted into the Home Mission hospitals and mission houses and given the required treatment in a clean, Christian atmosphere under loving, skilful influences.

As the work is supported largely by voluntary missionary offerings, representing, in many cases, much sacrifice on the part of the donors, the Board is not in a position to remunerate the nurses according to their full value; it can only give what might be termed a nominal salary, the maximum being sixty dollars per month and the minimum twenty-five, including board and laundry.

The life is one of sacrifice with its isolation and hard work giving a higher nobility to a noble calling. The help problem is as serious in the West as in the East and although the resources of the Board would permit of assistance for the heavier part of the work, on many occasions it is not available, consequently the nurse has to do what her hand finds to do whether she expected to do it or not. This picture of the work may not be attractive to nurses seeking monetary profit or professional fame, but it presents to the nurse with missionary inclinations a life of service and devotion to Christ and humanity.

Hoping this appeal may meet with an encouraging response, believe me,

Faithfully yours,

(MRS. H. M.) JEAN KIPP,

Cor. Secy. Women's Home Missionary Society  
of the Presbyterian Church in Canada.

546 Bathurst St., Toronto, Oct. 16th, 1909.

# Official Department



Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Brent, Superintendent Hospital for Sick Children, Toronto; Secretary, Mrs. House, Superintendent City Hospital, Hamilton.

The Canadian National Association of Trained Nurses.—President, Miss Snively, Toronto General Hospital; Sec.-Treas., Miss Shaw, General Hospital, Montreal.

The Association of Hospital Superintendents of Canada.—President, Mr. H. E. Webster, secretary Royal Victoria Hospital, Montreal; Secretary, Dr. J. N. E. Brown, Medical Supt. General Hospital, Toronto.

The Canadian Nurses' Association.—President, Miss Baikie, 25 Lorne Ave., Montreal; Cor. Secretary, Miss Colley, 133 Hutchison Street, Montreal.

The Manitoba Association of Graduate Nurses.—President, Mrs. Bruce Hill; Secretary, Miss Isabel Gauld, 375 Langside St.

The Graduate Nurses' Association of Ontario.—President, Mrs. Currie, 175 College St.; Cor. Secretary, Miss Edith Hargrave, 146 Winchester St.

The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Brockville Graduate Nurses' Association.—President, Miss Margaret Carson; Sec.-Treas., Mrs. V. A. Lott.

The Collingwood G. and M. Hospital Alumnae Association.—President, Miss G. Morrison; Secretary, Miss J. E. Carr.

The Calgary Graduate Nurses' Association.—President, Miss Rutherford, 506 4th St. West.; Secretary, Miss Dewar, 824 8th Ave. West.

The Edmonton Graduate Nurses' Association.—President, Miss Mitchell, Supt. Isolation Hospital; Secretary, Mrs. Manson, 630 Sixth St., Edmonton.

The Ottawa Graduate Nurses' Association.—President, Mrs. H. C. Church, 81 First Avenue, Ottawa; Secretary, Miss Nellie E. Slack, 189 Metcalfe St., Ottawa.

The Fergus Royal Alexandra Hospital Alumnae Association.—President, Miss Pauline Martignoni, Supt. of Nurses, Royal Alexandra Hospital; Sec.-Treas., Miss Trout, Harriston.

The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Mrs. A. Anderson; Cor. Secy., Miss J. E. Anderson.

The Hamilton City Hospital Alumnae Association.—President, Miss Coleman; Cor. Secy., Miss Aitken.

The London Victoria Hospital Alumnae Association.—President, Miss Hannah; Secretary, Miss Gertrude Armstrong, care Mrs. Judge, Dorchester.

The Kingston General Hospital Alumnae Association.—President, Mrs. Tilley, 228 Johnston St., Kingston; Secy.-Treas., Mrs. Nicol.

The Montreal General Hospital Alumnae Association.—President, Mrs. K. H. Brock; Cor. Secy., Miss Ethel Brown.

The Montreal Royal Victoria Hospital Alumnae Association.—President, Miss Grant; Secretary, Mrs. Edward Roberts, 135 Colonial Ave., Montreal.

The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Secy.-Treas., Miss M. K. Gallaher.

The St. Catharines G. and M. Hospital Alumnae Association.—Secretary, Miss E. M. Elliott.

The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Restholm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.

The Toronto Central Registry of Graduate Nurses.—Registrar, Mrs. Downey, 554 College St.

The Toronto General Hospital Alumnae Association.—President, Miss Bowerman, 349 Sherbourne St.; Cor. Secy., Miss Ida L. Burkholder, 728 Spadina Ave.

The Toronto Grace Hospital Alumnae Association.—President, Mrs. Macquoid; Secretary, Miss Smith, 9 Pembroke St.

The Toronto Graduate Nurses' Club.—President, Miss Bowerman, 349 Sherbourne St.; Secretary, Miss Minnie Christie, 19 Classic Ave.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss Barnard, 608 Church St.; Cor. Secy., Miss B. Goodhall, 666 Euclid Avenue.

The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss Mathieson, Supt. Riverdale Isolation Hospital; Secretary, Miss Muriel Gale, Riverdale Isolation Hospital.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Power, 9 Pembroke St.; Secretary, Miss O'Mara, 9 Pembroke St.

The Toronto Western Hospital Alumnae Association.—President, Mrs. McConnell; Cor. Secy., Miss Butchart, 19 Oxford St.

The Winnipeg General Hospital Alumnae Association.—President, Miss Johns, Winnipeg General Hospital; Secy.-Treas., Miss Hood, 367 Langside Street.

The Vancouver Graduate Nurses' Association.—President, Mrs. W. F. Salsbury, 1340 Barnaby St.; Secretary, Miss Ruth Judge, General Hospital, Vancouver.

The Vancouver General Hospital Alumnae Association.—President, Miss Roycroft, 1036 Haro Street, Vancouver; Secretary, Miss Jessie Hart, 2240 Westminster Ave., Vancouver, B.C.

The Victoria Graduate Nurses' Association.—President, Miss Keast, Carberry Gardens; Secretary, Miss Ethel Morrison, 1442 Elford St., Victoria.

**ALUMNAE ASSOCIATION, TORONTO GENERAL HOSPITAL.**

President—Lucy Bowerman, 349 Sherbourne St.

First Vice-President—Ida Beam, 728 Spadina Ave.

Second Vice-President—Annie Hartley, T.G.H.

Recording Secretary—Mrs. Feeney, 44 Willcocks St.

Corresponding Secretary—Ida L. Burkholder, 728 Spadina.

Treasurer—Marion E. Hall, 18 Earl St.

Board of Directors—A. J. Scott, Grace Hospital; M. Tweedie, 53 Langley Ave.; Edith Hargraves, 146 Winchester St.

**Conveners of Committees:**

Sick Visiting—Elizabeth Field, 505 Sherbourne St.

Registration—M. E. Christie, 19 Classic Ave.

Programme—Mrs. Feeney, 44 Willcocks St.

Social and Lookout—Miss Richardson, 551 Sherbourne St.

Press—S. Caroline Ross, 1 Selby St.

Central Registry—Miss Kate Snodgrass, 644 Spadina Ave.; H. Fralick, 728 Spadina Ave.

Canadian Nurse Representative—Miss Lennox, 107 Bedford Road.

**THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.**

Officers for 1909-10: Hon. President, Miss L. C. Brent; President, Miss M. L. Barnard; 1st Vice-President, Miss M. Ewing; 2nd Vice-President, Miss A. Robertson; Recording Secretary, Miss B. Goodall, 666 Euclid Ave.; Corresponding Secretary, Miss M. Isaacs; Treasurer, Miss M. Wilson; Directors—Miss E. Jamieson, Miss M. Holly; Miss G. Thompson, Convenor of Committee (Business and General); Miss Josephine Hamilton. Press Representative, Miss Clutterbuck. Canadian Nurse Representative, Miss L. McCuaig. Sick Visiting, Miss Josephine Hamilton. Central Registry, Miss M. L. Barnard and Miss J. Fellows.

**QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE****Postings and Transfers.****Sisters.**

Miss M. O'C. McCreery, to Military Hospital, Cottonera, Malta, from Military Hospital, Valletta.

**Staff Nurses.**

Miss M. A. Wilson Green to the Alexandra Hospital, Cosham, from the Queen Alexandra Military Hospital, Millbank, London.

Miss A. C. W. Teevan, to Military Hospital, Chatham, from Cambridge Hospital, Aldershot.

Miss N. R. McNeil, to Cambridge Hospital, Aldershot, from Military Hospital, Chatham.

Miss M. H. Graham, to Military Hospital, Colchester, from Cambridge Hospital, Aldershot.

Miss K. A. Broade, to Cambridge Hospital, Aldershot, from Military Hospital, Colchester.

**Appointments Confirmed.**

**Staff Nurses.**—Miss E. B. Levay, Miss S. F. Davies, Miss E. C. E. Lindsay, Miss M. Kearney, Miss E. D. Lang, Miss M. A. Roe.

C. H. KEER,  
Matron-in-Chief, Q.A.I.M.N.S.

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**THE ALUMNAE ASSOCIATION OF THE COLLINGWOOD GENERAL  
AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.**

Officers for 1908-09: Hon. President, Miss Morton; President, Miss G. Morrison; First Vice-President, Miss P. J. Cottrill; Second Vice-President, Miss Ella Baker; Secretary, Miss J. E. Carr; Assistant-Secretary, Miss E. M. Dawson; Treasurer, Miss M. M. Redmond.

Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the board room of the hospital.

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**CANADIAN ARMY SERVICE CORPS—ARMY MEDICAL SERVICES.**

**Militia Order 284.**

Leave of absence has been granted as follows

Nursing Sister L. E. Eaton, P.A.M.C., from the 1st to the 31st instant, inclusive. (H.Q. 7527-2.)

F. L. LESSARD,  
Colonel, Adjutant General.

**Army Medical Corps.**

To be Nursing Sisters—Miss Murney May Pugh; 1st July, 1909. Miss Maria Louisa Parker; 13th August, 1909.

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**THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.**

**Officers 1909-10.**

President—Mrs. Currie.

First Vice-President—Miss E. Deyman, Hamilton.

Second Vice-President—Miss H. Hollingworth, St. Catharines.

Treasurer—Miss Mary Gray.

Recording Secretary—Miss Julia Stewart.

Corresponding Secretary—Miss Edith Hargrave.

Board of Directors—Miss Brent, Miss Matheson, Miss Potts, Miss Muldrew, Miss Barnard, Miss Neilson, Miss McNeill, Miss Jameson, Miss Wardell, Miss Donnelly, Miss Rogers, Miss Kennedy, Miss Irvine.

### THE TORONTO REGISTRY OF GRADUATE NURSES.

The regular monthly meeting of the Registry was held at the office, 554 College Street, at 8 p.m., October 4th, with Miss Argue in the chair, eight members being present. The treasurer's report, which was read and adopted, was as follows: July—Registry calls, 72; personal calls, 24; total, 96. August—Registry calls, 103; personal calls, 26; total, 129; unanswered, 3; experienced, 6. September—Registry calls, 119; personal calls, 3; total, 122; experienced, 2; nurses on list, 350; nurses sent to Cobalt, 25; nurses sent to Fort William, 3; applications accepted, 9.

#### FINANCIAL STATEMENT.

July 1st—Balance in bank .....	\$811.92
Cheque not drawn .....	5.00
Fees for three months .....	322.50
Charts .....	4.45
Salaries for three months .....	180.00
Telephone .....	35.28
Stamps and stationery .....	7.65
Balance in savings account .....	760.19
Balance in current account .....	160.75
Total .....	<u>\$920.94</u>

After getting through with the other business, Mrs. Downey asked for larger salary, as she had no idea of the work there was in connection with the Registry and could not meet expenses; also another assistant, as her sister found it too much of a nervous strain. It was discussed, and decided to give Mrs. Downey the salary asked, \$75 a month, with an assistant at \$5 a week, the assistant to take six or eight hours duty. (Since the special meeting Mrs. Downey's sister has decided to try it again.) The Registrar also spoke of the nurses not paying their fees, some as far behind as two years. It was decided that members were to be given three months' time; if at the end of that time the fee was not paid, the Registrar to notify her to the effect that she would not be considered a member till the fee was paid. Also nurses accepting calls and then refusing to go on the case, to be given a second chance; if occurring again, to be suspended.

As there was not time to finish the business, a special meeting was called for the following Monday afternoon, October 11th, at 3 o'clock.

M. L. BARNARD, Secretary.

The special meeting, to finish the business of the last meeting, was held at 554 College Street at 3 p.m., October 11th, six members being present. Four new applications were presented, three of which were accepted, and one still to be looked into. The subject of fees was discussed and it was felt there ought to be a settled fee for obstetrical work, as nurses going out from the same registry are charging different fees, ranging from \$18 to \$25.



Nothing was decided until the next monthly meeting, when we would hear from the different alumnae associations on the matter. Fees proposed, \$21 a week; nurse to be paid from date of engagement; see rule 10. Tuberculous cases, \$21 to \$25, according to case. Measles to be classed as infectious.

One or two changes were thought advisable in the constitution and rules. Article X in the constitution to remain the same, with a little addition that: "Any member over three months in arrears will not be considered a member till fee is paid." Rule 4.—Registered nurses, who for sickness or other reasons refuse a call and have not notified the registrar, must in all cases go to the bottom of the list.

It was decided to revise the little book of names of the graduates and send them out amongst the doctors, colleges and boarding schools, with a small card, bearing the name of the Registry and telephone number, the latter to hang on or near the telephone.

The meeting then adjourned till the first Monday in November .

M. L. BARNARD, Secretary.

## Hospitals and Nurses

On August 28th the Lachine General Hospital in affiliation with the Victorian Order was opened.

In September, three meetings which were well attended were held at Uno Park, Milberta and Englehart to discuss the advisability of organizing local associations in those parts under the Lady Grey Country District Nursing Scheme. There was a good deal of enthusiasm and provisional committees were formed to work on the scheme for those parts.

"The Minnewaska," the new health resort, located at Gravenhurst, Muskoka, which is under the management of Mrs. E. G. Fournier, formerly superintendent of Hope Hospital, Fort Wayne, Indiana, has now been open for the care of tuberculous patients for the past six months. It has been amply demonstrated that there was a great need of just such an institution, for from the very first week of its existence, it has taken care of all the patients it could possibly accommodate, both in the main building and in a number of tents erected on the beautiful grounds. The management are gratified to know that their efforts to supply a long felt want are being recognized by so many physicians throughout the country, who were anxious to place their tubercular patients under the care of a skilled physician. That the patients and their friends feel very kindly toward the institution has again been lately demonstrated. The room formerly occupied by Miss Jean Heugh McKay, who was the first patient registered, has been beautifully furnished by her family. Mr. and Mrs. Forrest McKay of New Glasgow, Nova Scotia. The furniture, which is exquisite, is of white enamel and gold and the decorative features are of Miss Jean McKay's favorite designs. A brass name plate in her honor has been placed upon the door.

The Victorian Order of Nurses held their first monthly meeting for the season yesterday, at the Toronto home. The reports showed that the summer had been a very busy one, and during the past four months the nurses looked after 262 cases, paying a total of 3,247 visits, of which 94 were night calls. The following appointments were made: Miss Jones, to the Riverdale district; Miss Marshall, to Galt; Miss Ellis, to Halifax; Miss Holder, to be assistant in the Arrow Head Hospital, B.C.; and Miss Trusler, to Grand Mere, P.Q.

St. Michael's Hospital, Toronto, was the scene of festivities when sixteen young ladies of that institution graduated, as follows:—Miss Pauline McBride, Toronto, Ont.; Miss Margaret Cameron, Teeswater, Ont.; Miss Edna Blainey, Toronto, Ont.; Miss Isabelle O'Connor, Peterboro, Ont.; Miss Mary Hopkins, Cascade, New Hampshire; Miss Helen O'Neill, Lindsay, Ont.; Miss Regina O'Brien, St. Catharines, Ont.; Miss Mary F. O'Leary, Indian River, Ont.; Miss Alice L. Brandon, Cannington, Ont.; Miss Maude McLachlan, Peterboro, Ont.; Miss Marie Bateman, Norwich, England; Miss Ros Culkeen, Read, Ont.; Miss Estella McCullough, Brampton, Ont.; Miss Sarah Strofton, St. Alban's, England; Miss Catherine Brennan, London, Ont.; Miss Mary Ganley, Collingwood, Ont. Dr. Dwyer

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occupied the chair, in the absence of Archbishop McEvay, and the diplomas were presented by Very Rev. Drs. Burke and Roche. Father Rohleder presented each of the graduates with the engraven gold medal of the hospital. Speeches of congratulation were made by Fathers Whalen, Staley and Morrow, also by Drs. Burnham, Anderson, Garrett, Silverthorne, Aikens and McKeown. After the formal graduation exercises a reception was held in the main hall of the hospital, when the nurses in training were present to add to the congratulations of those who were about to pass from their midst.

Miss Minnie R. Walker, St. Catharines, Ont., graduate Niagara Falls Memorial Hospital, Niagara Falls, N.Y., has graduated from the Pennsylvania Orthopaedic Institute, Philadelphia, Pa.

The recent graduating exercises in connection with the training school for nurses of the Toronto Free Hospital, Weston, held on Saturday afternoon, were very successful and pleasant. Mr. W. A. Charlton presented the following prizes: For general proficiency, a nurse's bag, awarded to Miss Annie L. Bolwell, donated and presented by Dr. W. J. Dobbie, physician-in-chief; medal for practical nursing, awarded to Miss Annie E. Ball, donated by Miss E. Macpherson Dickson, and presented by Mr. Robert Mulholland. Special prize for "cheeriness on night duty," awarded to Miss Florence A. Hubbard, and presented by Rev. W. G. Wallace. At the conclusion of the formal programme the guests were entertained by Miss Dickson and the members of the nursing staff in their quarters, where a very pleasant hour was spent. A large number of the visitors availed themselves also of the opportunity of inspecting the various departments of the hospital and of viewing the provisions made for the care and comfort of the patients. Mr. J. S. Robertson, secretary of the Board of Trustees, was chairman, and Dr. J. N. E. Brown addressed the graduating class. Rev. T. Beverley Smith conducted the devotional exercise.

One of the best meetings of the Manitoba Graduate Nurses' Association was held on September 27th. There were fifteen members present and all seemed interested. The chief business was the election of officers. The officers now are: President, Mrs. Dr. Bruce Hill; 1st Vice-President, Mrs. McLeod; 2nd Vice-President, Miss Venables, of Carman Hospital; 3rd Vice-President, Miss Bowman, of Portage la Prairie; Treasurer, Miss Alice Andrew; Secretary, Miss Isabel Gauld; Executive Council—Miss Johns, Miss Jessie McDonald, Miss Hood. It was suggested and decided that we affiliate with the Woman's Council. Miss Gauld was appointed correspondent from the Nurses' Association to the "Canadian Nurse."

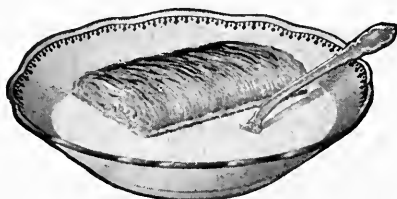
By invitation of the president, Mrs. A. Anderson, the nurses of the Alumnae Association of the Guelph General Hospital held their quarterly meeting at her residence on Tuesday afternoon, September 14th. There was a large attendance, increased by the presence of two or three graduates from sister hospitals, to whom the Alumnae extended a hearty welcome. After some interesting topics had been discussed, Miss Leadley, class '02, read a paper entitled "My Experience of Hospital Nursing in the Northwest," which was splendidly written, and thoroughly enjoyed by all. The nurses were then invited out to the lawn, where dainty refreshments were served,

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and a delightful time spent over the "cup that cheers" and were loath to leave the home of their president, who always has a very bright welcome for her old associates.

Miss Margaret Walker, Guelph General Hospital, 'or, holidayed down the St. Lawrence to Quebec.

Miss Inglis, Guelph General Hospital, 'or, head nurse in the North Chicago Hospital, Chicago, visited her alma mater recently.

Miss Pauline Martinoni is most acceptably filling the position of lady superintendent of the Royal Alexandra Hospital, Fergus. The position was made vacant by the resignation of Miss E. MacWilliams, who has located in Woodstock, where she is successfully practising private nursing. Miss Martinoni recently returned from New York, where she has been taking post-graduate work.

The graduating exercises of the class of 1909 of the Stratford General Hospital were held in the City Hall on September 24th. The class consisted of Miss Louisa Fischer, Listowel; Miss Mary Miller, Goderich; and Miss Eva C. Laing, Hamilton. A very excellent address was given to the graduating class by Dr. P. F. Quinlan. The diplomas were presented by Mayor Dingman, Mr. John Brown and Mr. J. J. Mason, members of the Hospital Trust. The Hippocratic Oath was read in an impressive manner to the class by Mrs. Staebler, lady superintendent, after which she presented the handsome school pins to the graduates. A very beautiful bunch of American Beauties was then presented to Mrs. Staebler. A pleasant surprise was given the undergraduates when Mrs. Staebler announced that, through the kindness of one of the trustees, a gold medal would be presented to the class of 1910 for highest standing in general proficiency. As each graduate was presented with her diploma, three dainty little maidens, in turn, stepped forward laden with exquisite flowers, given by the Hospital Trust and numerous friends. The programme consisted of short congratulatory addresses and vocal and instrumental selections, suitably chosen and well rendered. A pleasing number on the programme was an instrumental duet by two of the pupil nurses, Misses Detweiler and Knight. The auditorium of the City Hall was artistically decorated with bunting and flags and the platform was banked with ferns and flowers. The class motto, "Faithful in that which is least," carried out in the class colors, made a fitting background for the platform. At the close of the programme a reception was held by the lady superintendent and the graduates and dainty refreshments were served by the Ladies' Aid of the hospital, the pupil nurses looking after the guests.

Miss Elizabeth Van Exen, night superintendent of the Port Arthur Hospital, spent a few days in Stratford, where her sister is in training at the General Hospital.

Miss Keeler, of Stratford, is spending a much needed vacation at her home in Toronto.

Miss Fyfe, Victorian Order, Stratford, has returned from a month's vacation at her home in Kincardine.

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NEW YORK

Miss Minnie R. Walker, of St. Catharines, Ont., a graduate nurse of Niagara Falls Memorial Hospital, Niagara Falls, N.Y., has gone to Philadelphia to take a course in the Swedish System of Massage at the Pennsylvania Orthopaedic Institute.

Dr. Gudrun Holm's School of Medical Gymnastics and Massage, 61 East 86th Street, New York, is progressing successfully and a course in Hydro-Therapy is being added to the previous schedule of lectures and practical work.

Miss Kirk, graduate Adelaide Hospital, Ireland, has accepted a position in the Royal Inland Hospital, Kamloops, B.C.

Miss M. Woolsey, of St. Lukes, Ontario, has been appointed to the staff of the White Horse Hospital, Y.T.

Miss Hill (V.O.), who for many years has done district nursing in Vancouver, B.C., has taken charge of Dr. Dalton's Hospital, Sumas, Wash.

Miss Craig (V. G. H.), who is doing private nursing in Seattle, Wash., was in Vancouver for a short vacation, the first week in October.

Miss Boffey (V. G. H.), passed through Vancouver on her way from Seattle to Alberta, where she will take a month's holiday.

Miss Graves, for some years the head nurse at St. Michael's Hospital, has resigned, and a most interesting presentation was made to her by the staff on the occasion. The engagement of Miss Graves to Dr. P. W. O'Brien of Toronto has recently been announced.

Miss Dixon, member of the Society of Trained Masseuses, London, England, has been appointed teacher of the Grant Macdonald Massage Class of the Training School of the Toronto Hospital for Incurables. Miss Dixon succeeds Miss May Moody, who has resigned, after teaching the class for the past three years.

Miss Pauline Martignoni has recently resigned her position as lady superintendent of the Royal Alexandra Hospital, Fergus, Ont., and has been appointed lady superintendent of the Orthopaedic Hospital, Toronto, duties to commence November 1st.

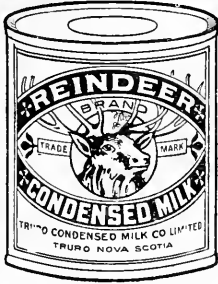
Miss Annie M. Trout, graduate of the Royal Alexandra Hospital, Fergus, Ont., year '06, has been appointed lady superintendent of the above hospital, duties to commence about November 1st.

On Monday, Sept. 27th, the new General Hospital at Vernon, B.C., was opened by Mr. Price-Ellison, M.P.P. The hospital, which is beautifully situated on Mission Hill overlooking the city, has a capacity of seventy beds, including a fully equipped maternity ward and an operating theatre that would be a credit to a much larger institution. The board of directors is now considering the building of a nurses' residence. Miss M. K. Gallaher, graduate of the General Protestant Hospital, Ottawa, is in charge. Miss Jean Wilson, also of the G. P. H., Ottawa, is head nurse in the operating theatre and Miss McElroy has been recently appointed head nurse in the maternity wing.

The annual meeting of the Alumnae Association of the Hospital for



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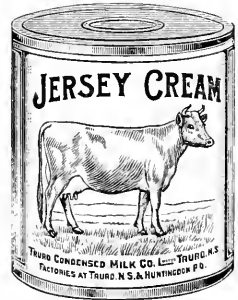


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Sick Children, Toronto, was held at the residence, October 14th, at 3 p.m. Election of officers for 1909-10 resulted as follows: Hon. President, Miss L. C. Brent; President, Miss M. L. Barnard, 608 Church St.; 1st Vice-President, Miss M. Ewing, 569 Bathurst St.; 2nd Vice-President, Miss A. Robertson, 182 Walmer Road; Recording Secretary, Miss B. Goodall, 666 Euclid Ave.; Corresponding Secretary, Miss M. Isaacs, Baldwin St.; Treasurer, Miss M. Wilson, 47 Brunswick Ave. Directors—Miss E. Jamieson, 107 Roxborough St. W.; Miss M. Holly; Miss G. Thompson, Convenor of Committee (Business and General); Miss Josephine Hamilton. Press Representative, Miss Clutterbuck, Grace St. Canadian Nurse Representative, Miss L. McCuaig, 605 Ontario St. Sick Visiting, Miss Josephine Hamilton. Central Registry, Miss M. L. Barnard and Miss J. Fellows. A great deal of business was transacted. Several alterations were made in the constitution. It was decided to hold the annual meeting in June hereafter. The secretary's report showed an increase of twelve members during the year. The treasurer's report was satisfactory. It was decided to hold a small bazaar about November 18th to reimburse the Sick Benefit Fund. Miss Brent entertained the association to tea, when an opportunity was afforded of meeting the new graduates.

The Heather Club of the Hospital for Sick Children, Toronto, held its first meeting of the season on October 14th at 4.30 p.m. It was decided to engage a visiting nurse (trained) to aid in the work amongst the children. The club is also maintaining a little boy in the H. S. C. Pasteurized milk will be supplied when needed by the hospital. The treasurer's report showed a very good balance.

The Hospital Fund in Kincardine is now rapidly growing and the secretary-treasurer, Mr. J. C. Cooke, has more than \$1,800 on hand. At a recent meeting of the board of directors, a committee consisting of George M. Mackendrick, Dr. McCrimmon and Hugh Clark was appointed for the purpose of inspecting neighboring hospitals with a view of getting "pointers" for the building and equipping of the Kincardine hospital. They are visiting Berlin, Stratford, Woodstock and other hospitals. Advertisements have been published calling for tenders for the plumbing and heating of the Kincardine General Hospital according to plans and specifications prepared by Mr. Rich of London.

A meeting of the citizens of Calgary held in the Y. M. C. A. building practically decided not to form a V. O. branch at present. Miss E. M. Gourlay, secretary of the Calgary Nurses' Association, wrote suggesting that the city be divided into two districts, and that four nurses be appointed. One nurse has volunteered to do the work at a salary of \$30 per month. J. A. Irvine presided at the meeting. Deaconess Harriett Lampard, of the English Church, acted as secretary. A committee consisting of Dr. W. A. Lincoln, Dr. G. A. Anderson, J. E. Bull, and Deaconess Harriet Lampard was appointed to confer with the nurses, and go into the matter more fully. Among those present at the meeting were J. A. Irvine, Dr. W. A. Lincoln, Miss Markle, Mrs. P. Burns, Deaconess Thompson and J. E. Bull, secretary of the Associated Charities.

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The wise medical man who believes in ORIGINAL products which are always the BEST products, prescribes

## **Antiphlogistine**

**Inflammation's Intidote**

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It is expected that the beautiful new General Hospital at Calgary will be ready some time in December. The board are in the happy position of having enough money to finish the building.

Niagara Falls Hospital, Canada, is one of the most attractive town hospitals of the province. Its situation affords the maximum of external ventilation and sunlight and the hospital itself is well kept, the patients being cared for most successfully. During the recent visit of one of our staff, the hospital was almost full. Operation cases, typhoid patients from Cobalt, etc., etc., kept all the staff busy. There are three storeys, and the nurses reside on the top flat.

The Rosebery Nurses' Club, Toronto, has changed its residence from 551 to 578 Sherbourne Street. Their telephone number remains the same, N. 1843. Miss Collins, the superintendent, will be glad to see all her friends at this address.

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### BIRTHS.

Abbot.—In Cleveland, Ohio, on August 3rd, 1909, a daughter to Dr. and Mrs. Abbot, nee Miss Mary Crozier, Guelph General Hospital, '02.

Lauchland.—At Dundas, Ont., on September 14th, 1909, a son to Dr. and Mrs. L. C. Lauchland (formerly Miss Crocker, R. V. H., '04).

### MARRIAGES.

Carder-MacLennan.—At Vancouver, B.C., October 12th, Barbara Fraser MacLennan to Dr. Edwin Dixon Carder. Miss MacLennan was a graduate of the Vancouver General Hospital.

MacRae-McKnight.—At the home of the bride's parents, Stratford, Ont., on Saturday, October 16th, Margaret Gertrude Vance McKnight (graduate G. G. H., class '04) to Colin M. MacRae of Ottawa.

Cook-Young.—In St. John's Church, Rockwood, Ont., September 20th, Miss Florence Young to Mr. Heber Cook, druggist, formerly of Guelph, but now of Hamilton. The bride is a graduate of the Guelph General Hospital, '07.

Wheeler-McCullough.—At Calgary, Alta., on September 1st, 1909, Miss Sara McCullough, graduate of the Guelph General Hospital, class '01, to Mr. Egbert J. Wheeler of Calgary.

Elder-Borthwick.—In Toronto, Ont., on September 18th, at the home of the bride's cousin, Margaret Selena Borthwick, graduate Guelph General Hospital, class 1897, and superintendent of General Hospital, Macon, Georgia, to Eugene Boykin Elder, M.D., of Macon, Georgia, U.S.A. At home after October 1st, Macon, Georgia.

Banks-Buckland.—On Wednesday, September 29th, 1909, Ruth Amelia, daughter of Mr. and Mrs. E. Buckland, Fergus, and graduate of the Royal Alexandra Hospital, Fergus, class '05, to Mr. George Banks, of Arthur. Mr. and Mrs. Banks will reside in Arthur.

O'Brien-Graves.—On Tuesday, October 26th, 1909, at St. Peter's Cathedral, London, Ont., by Rev. M. D. O'Neil, Helena Margaret Graves to Dr. Patrick O'Brien of Toronto.

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## The Nurses' Library

"Laggards in Our Schools." Leonard P. Agnes. New York: Charities Publication Committee. \$1.50. 105 East 22nd St., New York. Eighty American cities have yielded the facts, especially statistics, on which this important and interesting book is based. It is one of the Russell Sage Foundation Publications, and cannot fail to produce, one would think, a great improvement in school affairs. Mr. Agnes shows that one-sixth of the children in these schools are "repeating" grades, and that under the present system there are many children who are destined to fail all through life largely because the educational authorities have failed in their part. New methods are certainly needed, and above all a new view of the situation. This book is indispensable to those interested in public schools.

"A Manual of Massage." Mary A. Ellison. London: Bailliere, Tindall & Cox. 5s. The present is the third edition of Miss Ellison's excellent work on massage. It is characterized by completeness, thoroughness and clearness and is in every respect up-to-date. There are chapters of great value on the Weir-Mitchell treatment, the Nanneim treatment, the ductless glands; etc., and one of the most valuable chapters in the book is the "Hints to Masseuses." We have no hesitation in pronouncing this work as one of the very best on the subject.

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# The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. V

TORONTO, DECEMBER, 1909

No. 12

## A HOSPITAL CHRISTMAS.

The Hospital of the Good Samaritan.

My Dear Margaret,—If this letter presents a blotted and tear-stained appearance pray do not fondly imagine that my emotions have become uncontrollable. I am writing to you from the measles section, thereby infringing upon the strict rule that no letters shall be sent from the isolated sections and an accusing conscience has prompted me to sprinkle these pages with carbolic solution (one in twenty) as a sort of propitiatory libation to the powers that be.

You remember that, in my last letter, I told you I was on night duty. When my two months term was drawing to a close Christmas was getting very near, and I had all sorts of delightful plans and anticipations for I fully expected to go on day duty in Ward Five. You can imagine my dismay when I saw my name figuring on the board under the dismal heading of "Measles Section." Diphtheria or scarlet fever would not have been so bad, but measles! at Christmas time.

The worst of it is that I have been on "special duty"—that is to say, there has not been any need for another nurse in the section. Fortunately no one has been very ill, except the baby about whom you will hear more later.

When I first came over I never felt more melancholy in my life. Miss Peters, the outgoing nurse, showed me round and then rushed off joyfully to carbolize. The section is a cheerless sort of place at best, and the worst old chairs and tables from the main building spend their declining days here. The one redeeming feature is a big fireplace in the woman's ward. Curiously enough my patients were nearly all grown up—five great bearded individuals from a railroad construction camp in the men's ward; a gilded youth in solitary grandeur in the private ward; Marika, a very stolid Galician child, and the baby in the woman's ward. None of these were really ill except the baby, who was one of those sickly city-bred children who remind one irresistibly of a half fledged gosling. As Christmas drew nearer she grew weaker every day. Even the men noticed it and I caught one of the roughest of them stroking the sunken cheeks with a huge forefinger, and looking very much ashamed of being detected in such weakness.

By Christmas week everybody else was convalescent, the gilded youth's rash had faded and his eyes had stopped watering and consequently he was inclined to be amiable, not to say flirtatious. I must acknowledge that he was a handsome youth, but I remembered your lecture on the subject and

turned a basilisk eye upon him. Ever so many devoted friends, male and female, came up to enquire for him, and one besotted damsel stood every day in the snow beneath his window for a glimpse of the beloved. If her affection can withstand the test of seeing him enveloped in a grey dressing-gown, with his head tied up in a fomentation (for his ears have been aching dreadfully) it must be strong indeed.

Christmas Eve proved a day long to be remembered. My troubles began early—while I was taking the morning temperatures, indeed. I gave Marika the thermometer under her tongue as usual and came back in a few minutes to see whether it had registered. To my horror the bulb was gone, although she still held the stem in her mouth.

"Did you swallow it?" I asked apprehensively.

"Yes, missus," wailed Marika and began to cry tempestuously with her hands clasped over her stomach. I rushed to the telephone and called the house surgeon, who arrived on the scene a few minutes later rather irritated at being disturbed at his morning meal. His ideas regarding the effect of crude mercury on the Galician system seemed to be nearly as vague as mine. Meanwhile Marika's howls rose to heaven and finally, in desperation, the house surgeon told me to give her a dose of mustard and water. Poor Marika's next half-hour was miserable indeed, and, to cap the climax, after she had subsided into comparative quiescence she pointed to a crack in the floor; there reposed the bulb—she had never swallowed it at all! I think, however, that the mustard and water must have had a beneficial mental effect for she has been much brighter ever since and even volunteered to wipe the dishes for me later in the day—a quite unheard of procedure up till that time.

About dinner time the assistant superintendent brought over some fir boughs, holly, and crepe paper for us to use for "decorations." The men were very enthusiastic and set to work to make paper chains and flowers with great energy. The baby took up most of my time, but about five o'clock I went in to see how they were getting on. They had managed to make a huge germ, out of purple paper, with bright green legs, which work of art they had mounted on cardboard and framed with cotton batting. Printed underneath in straggling letters were the words, "God Bless Our Home." I hadn't the heart to look severe and it wasn't very probable that the authorities would notice our poor little decorations anyway, so the germ was accorded the place of honor over the fireplace.

The gilded youth had been very melancholy all day and had taken no interest in these festal preparations. His own friends did not come up until late, but when they arrived they brought some beautiful flowers and all sorts of good things to eat, which the youth, like a good sportsman, turned into the common fund.

After tea was over I grew more and more anxious about the baby. Her pinched little face looked more ghostly than ever, and her breathing was very labored. The house surgeon had been trying to get her mother all afternoon—the poor girl works in a cheap restaurant—and late on in the evening she came. By this time the baby was so ill that the house surgeon



told me to let her mother come into the section, for it was probably only a matter of hours and she could carbolize before she went back to work again. So she came in, and took the baby from me almost fiercely, and huddled down in the old brown rocker in front of the fire and began to croon to her. I built the fire up to a glorious blaze and persuaded the poor soul to drink some hot cocoa. In the men's ward they were singing "Oh, where is my wandering boy to-night?" to a subdued mouth-organ accompaniment, and with great stress on the tremolo. Marika, who had been given a doll from the Christmas tree in the main building, was blissfully absorbed in maternal cares, and the gilded youth was in his room demanding frequent fomentations.

By ten o'clock everything was quiet. The house surgeon came in, looked at the baby, frowned and went out again. I suppose his face betrayed his thought, for the poor woman clutched my apron and asked me whether the baby was going to die. In some strange way, as I looked at the little face I felt that the baby was not going to die. House surgeons notwithstanding, that baby was needed in the Scheme of Things and she was going to live, and Margaret, she did. About eleven her breathing was much better and her whole condition seemed to have changed. I was so excited that I forgot all about Christmas and the first mingled sound of bells and whistles startled us both. I looked at the mother as she sat outlined against the blaze with her brooding eyes fixed on the child on her breast. The old miracle was wrought anew, Christmas was come to us in the form of a little child—the baby was fast asleep.

It was hard work to be decently amiable on Christmas morning for I was awfully tired, but the baby was so much better and the men were so interested in the preparations for a gorgeous dinner that I had perforce to forget my own troubles. We spread the table in front of the fire and the youth let me have all his flowers wherewith to make gay. Marika scoured the knives until they sparkled, and the youth condescended to polish the glasses. The mail from home came in during the morning and made me feel a bit choky, but I pushed it out of sight until I could be alone to open it.

At noon the dinner was sent up—such a turkey, and such a pudding: there were even "soft drinks" and cigars. The youth took the head of the table and tried hard not to shudder at the dreadful table manners of his fellow guests. Marika insisted on his kissing her doll between courses which he did with a fairly good grace. In the middle of our festivities the lady superintendent came in wrapped in a wet carbolic gown, and smiled benignly upon us. I know she saw that dreadful germ and the still more dreadful legend inscribed below it, but she never said a word. So much for the Christmas spirit.

The afternoon slipped away so quickly that it was dark before one realized it. I had looked at all the things from home, read all the letters, and felt that surely there was no more need of wearing a mask of cheerfulness, for I had been virtuous all day. Then suddenly I thought I must be dreaming, for I heard a quartet of voices singing "God rest you, merry gentlemen." But no, it was real, for I heard the men crowding out into the

corridor to hear better. The singers were in the outside porch of the building and both we and the diphtheria section could hear them quite plainly:

"God rest you, merry gentlemen,  
Let nothing you dismay;  
Remember Christ our Saviour  
Was born this Christmas Day."

Then I was sure that the day had been good, for wasn't the baby going to get better, and as for the men, they said they had never had such a happy Christmas. So what right had I to spoil it all by relapsing into the doleful dumps?

Sitting in the old brown rocker with the baby, I fell to wondering about the mother with whom I had kept vigil the night before. She had carbolized and gone away in the morning, for "the restaurant was short-handed and they'd have a hard day." To what end had the baby been saved? Who can tell? We get such tantalizing glimpses of each other's lives, then "darkness again and a silence."

The gilded youth peeped in at the door. "Did you want another fomentation?" I enquired mildly.

"No," said the youth explosively, "I want a human being to talk to."

"Will I do?" said I.

"I suppose you'll have to," said the youth grudgingly, calmly seating himself before the fire and gazing gloomily up at the germ. The mouth-organ took a new lease of life and began that most mournful of ditties, "The Cowboy's Lament," and the voices joined in:

"Take me to the prairie and spread the sods o'er me,

I'm but a poor cowboy, I know I done wrong."

I grinned cheerfully at the youth but he didn't see the humor of the thing at all.

"Has it been a very bad day?" I enquired, for I did feel sorry for him.

"Yes," said the youth concisely: "how could it be anything else shut up here with a lot of yaps?"

"Thank you," I replied feelingly. "Hadn't you better have another fomentation? I'm sure your ear must be aching dreadfully."

The youth got up and walked to the door with as much dignity as a rather short dressing-gown would permit. I couldn't resist a parting shot. "It was awfully nice of you to kiss Marika's doll," I murmured. He turned and contemplated me with contempt, but there was a lurking twinkle in his eye. "Hang Marika, and her doll," said the youth. And so ended my Christmas Day.

E. J.

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#### A SUGGESTION AS TO HOW SKILLED NURSING MAY BE SUPPLIED TO PEOPLE OF MODERATE MEANS.

Very much is being done to-day, as we all know, to alleviate the ills attendant upon sickness, pain and weakness, wherever found. Hospitals, sanatoria, etc., are springing up in all centres, and in them all classes find relief, from the very poor who can afford to make no return for the services

rendered them, to the very rich, who can afford to and do pay for every attention and care given them.

But hospitals can only receive the few, in comparison to the population, large as their yearly number of patients may average, and the great majority must perforce remain outside the hospital walls and depend on relatives or friends, who often are already overworked, for the nursing that must be given, for truthfully speaking, the greater number of people cannot afford or can very ill afford to pay the fee that a trained nurse must, in justice to herself, charge when doing private nursing. As we all know there are now only too many cases depending for nursing on relatives and friends who, in spite of, or perhaps often because of, the love of these same friends and relatives, do not make anything like the speedy or satisfactory recovery that they might, could they afford to engage skilled nursing during their illness.

Outside the hospital we may divide the patients that for one reason or another must be treated at home, into three classes: First, the very poor, corresponding to our free ward patients; second, those who are able to pay a moderate fee to the nurse, corresponding to the patients in screened beds or semi-private wards; third, those who can afford to pay the ordinary nursing fee. Each of these classes may be sub-divided as requiring two distinct kinds of nursing, viz.: First, hourly nursing; second, continuous nursing. It is in regard to classes one and two that this article is written, especially class two.

For example, in the city of Toronto the need for hourly nursing is being wonderfully well met, for we have no less than four nursing societies, all of which charge where possible, a fee according to the financial standing of the patient or his family, and in the case of real poverty and distress give their services free. I allude to the Victorian Order of Nurses, the Nursing-at-Home Mission, the Nursing Mission, and the St. Elizabeth Nursing Association. But as regards continuous nursing for classes one and two there has been no provision made. As a rule, in conditions requiring continuous nursing, class one fares better than class two, for it is a well known fact that those who suffer most for lack of many material comforts and actual requirements during sickness are not the very poor, for so well organized are the various relief societies now, especially in the larger centres, that the very poor receive more attention than is often supposed. But those who often do suffer most are those whose incomes are very limited, for they are those who will never ask for help no matter how great their need or distress may be, but who are ready and willing to pay for help as far as it lies in their power. It is only too often that the financial worry of an illness will retard convalescence, and also often that we find families who under ordinary circumstances live quite within their means, when a siege of illness has visited them and all is well again, are burdened by a debt that takes them months or longer to pay off. For this condition of affairs there must be some help, for we know that "there is never any great need in the world without a possibility of supplying that need."

In the last February number of the *Canadian Nurse* there appeared an

article by Miss F. L. Nieman, Grand Rapids, which had been read before the Michigan State Nurses' Association and which deals with this question in a very practical manner. She says: "There is never any great need in the world without a possibility of supplying that need," and then continues: "It is evident that skilled nursing is needed in many a workingman's home. The question then is: How can that need be supplied? Every laboring man or woman, no matter what his race, condition, color or creed, belongs to some church, some society, some club or some mission. Let each member pay according to his or her ability a fee to his church or club, whichever it may be."

Using Miss Nieman's idea as a nucleus, I would suggest the advisability of approaching the different life insurance and accident insurance companies, also possibly the various lodges and labor unions, and making them understand the business possibilities that a nursing policy may have. Just as an accident policy is issued, may not a policy covering the cost of nursing, whether hourly or continuous, by a skilled nurse, be issued? In that way by the payment of a small premium, monthly or as arranged, the tax would not be felt, and then when the need for help came, as comes it does to us all at one time or another, the help would be there, and be theirs by right of the payment of their premiums, and any idea of receiving charity, so distasteful to so many and so willingly taken by those with less honorable feelings, would be completely avoided, for properly managed the insurance companies, etc., could make of this a profitable branch of their institutions.

The question might arise, why when there is already such good provision made in the city of Toronto for hourly nursing, should hourly nursing be included in the policy? A moment's thought will give the answer. Because it would be difficult to get and unfair to ask people to take out a policy such as suggested, should it only insure them in case of need of continuous nursing, and should hourly nursing be sufficient they should then in addition to their premium have to pay the fee of the hourly nurse. Also another reason: there may be few centres so well supplied with Visiting Nurses' associations as Toronto and the suggestion given in this article is hoped to apply not only to local conditions but to the population at large.

Some might raise the objection that they might go on year after year paying the premium and getting no material good from it. Just so do we get no material benefit from our fire insurance premiums or accident premiums unless we are so unfortunate as to have a fire or an accident, but how much more secure and free from care do we feel having that protection! But even this objection might be overcome by having the policies made somewhat on the same plan as many of the life insurance policies are now being made, viz., twenty-year accumulative policies or something on the same line.

Once this system is fairly established the question may arise: Will there be a large enough number of nurses to supply the demand and whence can they be secured? Of course each company would naturally make their own arrangements, but the most rational idea seems to be that for continuous nursing they would be supplied as they now are from the different

graduate nurses' registries, and for hourly nursing from one of the district nursing associations. In all cases the order for the nurse to come from the physician attending the patient, and he to decide whether continuous nursing or hourly nursing is necessary, except in the case of obstetrics, where unless complications arise, hourly nursing as now given by the Victorian Order and other nursing associations and found to be satisfactory, be continued. This is obviously a necessary restriction, if the reports of the number of such cases treated by the various missions be considered, for should a permanent nurse be supplied each case, there might then be a difficulty of supplying the demand. It is proposed that the following suggestions be sent the various insurance companies, etc.:

As everyone knows, there is a great need for skilled nursing in the homes of people of moderate or small means, at a much lower rate than that which for obvious reasons, in justice to herself, a trained nurse must charge.

In the larger centres the need for hourly nursing is met by the various nursing missions, as the Victorian Order of Nurses, etc., but so far there is nothing to supply the need for continuous nursing on the same plan.

It is therefore hereby suggested that the various insurance companies, whether accident or life, also possibly the various lodges and labor unions, could profitably introduce a new branch into their systems and by so doing supply an urgent demand.

By this is meant that they add to their systems a department for insuring for nursing needed in cases of illness where the patient is not taken to an hospital or institution. This nursing to be sub-divided, according to the discretion of the attending physician, into hourly or continuous nursing.

An arrangement might be made with the various nursing missions, as the Victorian Order, etc., to supply the hourly nursing. For continuous nursing the graduate nurses' registries would supply the nurse.

Should at any time such a contingency arise that no graduate nurse or nurse supplied by the nursing mission be available, provision must be made to supply the need by untrained nursing till such time as trained nursing be again available.

Following are a few additional suggestions:

Policy to be somewhat on the same lines as accident policy or sick benefit

Policies might be issued on something like the accumulative plan of the life insurance companies.

Policies may be either individual or family policies.

Policy holders to hold forms that must be filled in by attending physician and should be recognized by nursing bodies with whom arrangements have been made, and who are authorized to supply the nurse.

Limit of number of weeks or months policy holder is entitled to a nurse must be specified in the agreement.

Nurses to have their accounts settled by company issuing the policy, not by policy holders.

No obstetrical cases to be included under continuous nursing except in cases where complications have arisen, but to be considered as cases requiring hourly nursing.

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## NURSING ETHICS.

In taking up the subject of Nursing Ethics, I would like you to understand that I by no means claim for myself the ability to say the last word in the matter. The subject is so large and closely intertwined with modern progress that it must be constantly changing. As our ideals become higher, our perception of truth is keener, our insight into the realities of life grows deeper, our perception of the ethics of our profession must change in accordance with advancing thought and knowledge. All that I can do is to give you some of the thoughts that have come to me as my feet have trodden the path of a nurse's life during the last few years. I may have a little more experience than you have and it is the essence of that I would give you, in part payment of the debt I owe to those nurses who made it possible for me, by their teachings and demonstrations, to become a graduate nurse.

The word "Ethics" is defined as the "Doctrine of Morals." Then Ethics of Nursing must mean the doctrine of nurses' morals. It is just here that the final test comes which proves you will be a first-class nurse or otherwise. You may be a good student, a good observer, a good worker, quick to apply knowledge to practical uses and still fall short of success. Why? Because in your makeup there is lacking high moral tone, if you have it not and are not willing to pay the price of obtaining and the still greater price of practising it, you can set but one result before you and that is utter, absolute failure. There are not two paths here to choose between, either one of which will give you a desirable result. One path leads in one direction and the other in the direct opposite. You will not have taken many steps upon either before you will know with a reasonable degree of certainty which one you are treading. This is a matter where you must stand alone, none other can give you the moral strength that will make you do your work at all times, in all places and under all circumstances the very best that you know how. That means that every detail, no matter how trifling it may be, is done always to the best of your ability. This applies quite as much to cleaning bathtubs and bedpans as operating tables and instruments. A dirty bedpan is quite as much a source of danger as dirty instruments and there is no more excuse for one than for the other, the nurse who will shirk one will shirk both. It does take high moral tone and great devotion to duty to so practise your profession. Time after time the temptation will arise "who will ever know if I do such and such a thing." There is always one who knows and that is yourself, if your conscience can let you do things of that kind and not make you uneasy then you are well on the downward path. It is in connection with this question of work and how it shall be done, that the distinction between trades women and professional women will probably settle itself. In a discussion that once took place the question was raised whether nurses were professional women or not. Some said "Yes," some said "No," one said it was a "Job." It was then suggested, and the point is a good one, that the women who work for the dollars the end of the day will put into their hands, and who

\*Lecture delivered to the Pupil Nurses of the Lady Minto Hospital at New Liskeard.

have no other object in view, are laborers and are reducing their profession to a trade, the money settles the whole thing, while those women who work for the work's sake, because it has become a part of their nature, in doing their work at all times to the very best of their ability find the path to the attainments of their ideals. The women who work for work's sake and take the money at the end of the day, because our present day social conditions render it impossible for them to live without money, these women are professional women. The distinction between the two is very great and I cannot impress upon you too forcibly the idea of work for work's sake and for nothing less. When your work is done in any other way it is only half done, so that you are doing two things both of them undesirable, one is a positive injury to others and the other is forming the habit of slipshod work. Each time you do a thing not quite as well as you know how by just so much are you forming a careless habit and one that is certainly going to give you trouble in the future. Each time you do a thing try to do it better than the last time and make that a habit of your life; then, and not till then will you know the joy of the worker, the intense satisfaction that comes from work well done. Take my word for it and try for a while, earnestly and conscientiously give it a fair and square trial and I am not afraid to say that the joy and satisfaction which it will bring will more than compensate for any extra work you may do when you are tired and would like to shirk, then, bye and bye the habit will be formed and all your work will be done in just that way, because it has become second nature to you to do it so and success will be yours.

Success. What is it? Success is the attaining of your ideals. If your ideal of nursing is to fill your purse then you will succeed or not according to the number of dollars and cents you put into your pocket. If your ideal consists in sliding through life with as great ease to yourself as possible, then by just as much as you can shirk and not apparently feel the consequences do you attain your desired ends. But beware the consequences; they are there, for the law of cause and effect never fails, it is surer than any law of the Medes and Persians which we are told "altereth not," and surely you will reap as you sow though you may not appear to be doing it. If on the other hand your ideal is the highest, by just so much as you attain to it will be your meed of success. What is the highest ideal for a nurse? That is a question I cannot answer. I can tell you what my highest ideal is to-day, but in the light of to-morrow's knowledge it may have changed. My first requisite is, perfect self control. By this is meant the power to control both tongue and temper, no matter how trying the circumstances, no matter how great the provocation and no matter how tired one may be. Control of the tongue that at no time does it ever betray the professional secrets of its owner's mind or indulge in gossip or unkind remarks about other people. Control of the judgment: the power to look at every side of the question, size it up and reach your own conclusion coolly and after consideration, not to be hurried into an erroneous or unjust decision by personal feelings of any kind. Always to carry a smiling face; no matter what may be hidden by it, always to see the patient as a suffer-

ing human being; who demands and has every right to get your most gentle care. To see in his friends and relatives other human beings in great trouble and distress, to remember the time when the same circumstances have been in your own life, watching over a dangerously ill loved one, and to realize that as you felt then they feel now. To look at every human being through the spectacles of love, seeing in them only some one to whom a helping hand can be given, a word of encouragement spoken or perhaps only a smile, remembering the parable of the cup of cold water. Control of the physical body; it must be the servant, not the master and when work is to be done it must be trained to obedience to orders from headquarters. Control of the appetite; temperate in all things, and when amid dirty and disgusting surroundings not a trace of your feeling shall appear in the face, but the meal be eaten as calmly as under other conditions. Control of the face at all times; that no thought which the mind harbors may find expression there unless the owner so wills it. Control of the mind; that the mental faculties may never cease to think about and reason over every trifle that comes under observation and never to rest until the cause is discovered. Such control of the mind that it is at all times a student and to be a constant student of what others have written. These are some of the essentials of perfect self control. The power to work for work's sake and not for the remuneration there is in it and thereby learn the true joy of the worker. To be gentle, courteous, tactful, kind, sympathetic and thoughtful practising these virtues with true love for humanity to point out the way.

There is a question that always arises to trouble every conscientious nurse more or less and that is the question of remuneration for services. In deciding such matters it is best to look the matter bravely and honestly in the face. It presents itself to me in this light. Taken as a whole, there is no class of women workers so highly paid as nurses, there are, of course, some exceptions, but as a class nurses can command higher pay than other women, in consequence of which, the public expects, and has a right to get, a proportionately high class of service. A patient naturally says: "I am paying \$18.00, \$20.00 or \$25.00, as the case may be, and what am I getting in return?" Now the nurse who works only for the dollar is never going to satisfy that patient that she has given service equal to the remuneration demanded. The nurse who works for work's sake and goes into a family with but one object before her, viz., that of being a comfort to every one in the house as well as to her patient, is going to give such service that when settling up time comes she will be paid cheerfully and willingly. In many cases the patient will fully understand the fact that the nurse who does her whole duty, gives sympathy, kindness and all else that goes to make up a good nurse can never be paid in dollars and cents. The nurse who fails of performing her whole duty shoulders a grave responsibility. In the first place she is not giving her patient a square deal, she is taking something from him for which she is not giving an adequate return; a form of stealing for which there is no legal penalty. Then, too, she is being false to all the best standards of our profession and brings down censure



upon all other nurses, for we stand or fall all together. She is reaping the fruit of good work done in the past by those nurses whose faithful devotion to duty has made possible our present high fees and she is doing nothing to keep the foundation solid for those who will come after her. Another side to the question of fees is the poor patient, and there are many of them. What is going to be your attitude toward them? If you are a true nurse there is but one thing you can do—give them the very best service you are capable of, remembering that your motto is work for work's sake. When settling day comes, talk the matter over quietly and gently with your patient, find out what he can pay and be satisfied with it, but always make it clearly understood that you are not getting full fees. The nurse who speaks in a business-like way of such matters, generally commands the respect of her patients, and always try, whenever possible, to leave your patient satisfied with that most important matter, to him, your bill.

There is no branch of a nurse's work where her own conscience must be her guide as in surgery. There is practically nothing to show whether the work has been thoroughly done or not. The word of the nurse must be taken, the surgeon has no other resort and it is quite easy for the nurse to say she has thoroughly cleansed the operating room when all she may have done is to clean off the surface dust. Who is going to know whether you have thoroughly cleaned each basin, bowl, pitcher and pad and all the other essentials of an operating room? But when the patient dies of blood poisoning it must make her life miserable. The nurse has it in her hands to ruin every piece of work the very best surgeon who ever took knife in hand can do, and the responsibility is an awful one. He comes to do his part and must take on trust that every article in the operating room is as free from bacteria as it is possible to make it. Only the most thorough care down to the most minute details can make an operating room surgically clean. When your work is well done and your patient makes a good recovery, normal temperature, primary union of the wound, is there no compensation for the work? Verily, I think so.

In medical work the place for shirking, if a nurse is so inclined, is in her powers of observation. I have heard the remark made e'er this: "Why the patient was dying right under her nose and she never knew it." Unfortunately it is often too true. The power of observation is one that a nurse cannot cultivate to too high a degree. Make your eyes, ears, sense of smell and touch all work for you as observers. There is no place where your eyes can do more for you than observing the expression of the face. Often it will tell you before even pulse or temperature that something is wrong, and rouse every faculty within you to find out what is going on. An unusual brightness in the eye, a flush on the cheek, the lines of pain in the forehead, the drawn look about the mouth each and all have their tale to tell to one who can read the handwriting. An unevenness in the breathing can be seen before it is heard by one who is quick to observe. The sense of smell will tell you volumes if you will cultivate it. The characteristic smell of a typhoid stool, the normal odor of the lochia, the offensive odor of the urine, the peculiar odor preceding death, the odor of a tubercular

When the patient gives you his confidence, but never otherwise.

7 patient all tell something to the trained observer. It is little short of marvellous what can be done with the sense of touch: how these finger tips can be made to observe! It is told of Dr. Osler that a great deal of his wonderful success is due to the extreme sensitiveness of his fingers. He can discover by his sense of touch what another man can only find out by long and difficult diagnosis. It is good practice putting your fingers on the pulse and without looking at your watch see how nearly you can guess the rate. But let me add that a pulse taken in that way must never be recorded, all records must be strictly true. Many, many times such knowledge will be of use to you. Your fingers on the back of a new born infant should tell you immediately what the lungs are doing. In cases of lung trouble it is quite easy to feel the grating of the lungs by putting your hand upon the upper part of the back. There is but one way to find out the temperature and that is with a thermometer, but your sense of touch should often rouse you to the fact that the patient is warmer than usual, then you can find out positively by means of the thermometer. I might go on indefinitely. Shall I tell you what is the greatest hindrance to observation? It is lack of concentration of the mind upon the matter in hand. If your mind is occupied in thinking about the last dance you were at or who will be your partner at the rink the next time you go, there is very little doubt that the patient may have a very hot skin or a flushed face but you will know very little about it. The power to concentrate the mind upon the matter in hand is one of the very greatest achievements that any one can obtain. It does not come easily, it is one of the prizes of life that have to be worked for, and it makes possible Florence Nightingale's command "to be quick without hurry." One of the most difficult things I know of. Chesterfield says: "There is time in the twenty-four hours for all that there is to do if but one thing is done at a time, but there is not time in the whole year for what is to be done if two things are done at a time." He is speaking of keeping the mind fixed upon the matter in hand, not to allow the hands to be at work while the mind is off at the other end of creation.

The nurse in relation to the physician is an important point in matters relating to ethics. The physician is your professional superior, no matter what he may happen to be in any other respect. You may be perfectly well aware that socially and morally you are his superior, that makes no difference, in matters professional he is your superior. Consequently you owe him loyalty and obedience. When he is giving you orders you are quite at liberty to ask as many questions as you like to make certain that you understand exactly what is wanted. Then carry them out to the best of your ability, using every bit of knowledge, experience and ability that you have. All your statements to him should be perfectly truthful, a most difficult thing to accomplish. It is your part to observe symptoms and report them and the difficult part of being truthful is to report them without any color from your own opinions and thoughts about the patient's condition. Only the most rigid regard for truth can enable you to do this, but it is the ideal which you should hold before you. "To observe truly and report truly that which you have observed." Next to obedience to orders comes loyalty

to your superior officer, which means that in all your conduct, talk and influence with both patient and family you do your best to increase his influence, loyal in thought, word and deed. No criticism of his treatment or himself personally, no gossip about his private concerns if you happen to know any. No telling how he treated another case you had for him, in fact no discussion about him at all if it can be prevented. I have often heard it asked: "How far shall loyalty to the physician carry us?" It is a difficult question to answer. My own rule is to be perfectly loyal to the physician in charge of the case until in defending him I have to tell a lie, then I consider the moral law of much greater importance than the professional one. Under no circumstances is a lie ever justifiable, nothing can make wrong right and a lie is always wrong. If the physician chooses to pursue such a course as to lay himself open to the charge of ignorance or neglect, or perhaps both, that is his own affair and he must reap as he sows, for such is the law. It is equally your affair to see that you do not aid or abet such a course and when it is necessary to tell a lie it is time to call a halt.

What your attitude towards your will be patient must be decided by your own character. He is entitled to your utmost care, sympathy, and gentleness, in fact to the very best of everything that you have in you. To give your patient what he has a right to receive calls for the greatest unselfishness and devotion to duty on your part. His interests should always be considered first, under all circumstances, and there is no personal taste, habit or peculiarity of your own that you will not at some time be called upon to put aside. When you go into a family there should be but one idea in your mind, that of being a help and comfort to every one there, to efface yourself, your own wants and wishes completely, and adapt yourself to their ways, not make them adapt themselves to yours. You should refrain from criticism of every kind about what you see, and never, never should you be guilty of telling the troubles and cares of the people amongst whom you are thrown. Remember always that your services are required only by those who are in trouble and helpless and if you have any of the milk of human kindness in your makeup you will realize how mean it is "To kick a fellow when he is down." The patient is very much "down" and at your mercy and should appeal to every instinct of protection and care that you have. It takes a good deal of the "Mother instinct" to be a nurse, and it is to that instinct chiefly that the patient should appeal. Always have your own way in matters that are of any moment and this is the more easily accomplished if you have been yielding in little matters. Never take the "upper hand" with a patient, for nothing so quickly and completely alienates another as the idea that they are being "bossed." Have your own way but do it in such a manner that the patient will think he is having his, or when you have won his confidence he will willingly yield to your judgment and you will have no trouble getting them all finally only obtained by being worthy of it. When the patient are sincerely working for his good and that that is July 19th, 1909, by Dr. Moorehouse, he gives you his confidence, but never otherwise.

One point in regard to patient and nurse that is seldom spoken of, but is really important, has to do with the sex question. This should be looked at bravely and squarely. No nurse should permit herself through false modesty, or still more false idea of "Innocence" to remain in ignorance of any of the facts in regard to the sex principle in nature. It is perfectly pure until the minds of men and women make it otherwise. It should always be remembered that it is strongest in men, and when a man is sick you should hold it in mind that you are the strongest, for the time being, and should therefore be most careful never to give offense: never at any time permit your patient to take the very smallest liberty and never touch him yourself except when your work makes it necessary. The only way to protect yourself from yourself is by control of the mind, the very instant an undesirable thought makes its entrance into the mind that very instant should it be expelled, forcibly and with determination. In these matters the mind controls the body absolutely in both sexes.

Nursing Ethics, of course, includes the conduct of nurses. There is nothing too good for the nursing profession in the way of character, education, refinement and true culture, and nursing, if done in the right way, will serve to ennoble the most noble of characters. The first essential is absolute truthfulness (you will remember Florence Nightingale's dictum) and tact. Perhaps it may seem to you that tact and truthfulness are in opposition and so they are, until courtesy steps in and forms a link between them. If you will form the habit of always speaking with gentle courtesy, truthfulness and tact will fall into line without any friction. I suppose it is hardly necessary to warn you against the use of drugs or alcohol. Make a rule each for yourself, and never deviate from it, that not a taste of alcohol or an atom of any narcotic enters your system at any time, except by a doctor's order and then see to it that it is as little as possible. A nurse should always be quiet both on duty and off it. I think there is no class of women so open to comment as nurses. They are obliged to live so outside so many of the conventionalities of life and they live so much among strangers that they are in a particularly vulnerable position, and it is only by being most circumspect that they can avoid gossip. Her dress should be quiet, though it may be of the very best materials, she should not be seen gadding the streets nor too often at places of amusement, and if she is a wise woman she will not often be seen in public with doctors or male patients.

You will notice that all through my lecture there is one thing always to the front, it runs through it like a thread upon which beads are strung, and that is the golden thread of character. It is the keynote of a good nurse. You will remember what Dr. Weir Mitchell says, "that to be a good nurse it is necessary first to be a good woman." In closing I would like to mention an old Hindu poem the most exalted list of characters which you have observed. Keep them, study them, try to live up to them and cannot be all failure. The poem is many centuries between Krishna, the Supreme Deity, and Arjuna.

Prince of India. Arjuna has asked what are the signs by which to tell those who are set apart for heavenly birth and Krishna tells him:

Fearlessness, singleness of soul the will  
 Always to strive for wisdom, opened hand  
 And governed appetites: and piety,  
 And love of lonely study: humbleness,  
 Uprightness, heed to injure nought that lives,  
 Truthfulness, slowness unto wrath, a mind  
 That lightly letteth go what others prize;  
 And Equanimity, and charity  
 Which spieth no man's faults: and tenderness  
 Towards all that suffer: a contented heart  
 Fluttered by no desires: a bearing mild  
 Modest, and grave, with manhood nobly mixed  
 With patience, fortitude, and purity;  
 An unrevengeful spirit, never given  
 To rate itself too high;—such be the signs,  
 O Indian Prince, of him whose feet are set  
 On that fair path which leads to heavenly birth."

MARY N. ROEBUCK,

Graduate Toronto General Hospital, Class 1898, New Liskeard, Ont.

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### AN ADDRESS.\*

Mr. Chairman, Ladies and Gentlemen.—The sight of a graduating class is always a source of pleasure, when one thinks of the long course of training, with years of striving after what, then, appeared almost unattainable, that now, at last, their hopes are about to be realized, in the receiving of the seal of approval of their teachers and examiners, in the form of the much coveted diploma.

I would like to say a few words to the general public before addressing the graduating class.

Those who have now received their diplomas have run the race and endured the struggles. The word "agony" is derived from the Greek word—a contest, a struggle, a contest for a prize in the public games, of which the ancient Greeks were so proud. In this case, the chief contest is to come up to the standard of approval, so that the contestant may receive the laurel wreath of victory in the form of the diploma, which proclaims to the world her fitness to engage in their chosen calling. But the contest has extended farther, even to the order of merit, viz., those who show the greatest proficiency. So you see that an undergraduate course is really an agony or contest for the mastery of the various branches in their course of training.

We now desire to congratulate the class for having so successfully passed the ordeal, bidding them Godspeed on their way, wishing them all the happi-

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\* To the graduating class of nurses at Victoria Hospital, London, Ont., on May 19th, 1909, by Dr. Moorehouse, Dean of the Faculty, Western University.

ness which they may have conjured for themselves during their undergraduate life.

But there is always a pathetic side in the life of the nurse graduate, as there is in all other pursuits of life. Many, no doubt, mistake their calling, and find that they are not adapted for the profession of nursing. There is no calling more beset with temptations, troubles and trials, and I would bespeak for the nurse your kindest consideration and indulgence. Just criticism is meet and proper, but let it be just, and then it can only be productive of good. The public are the critics. Robert Burns says, "O wad some power the giftie gie us, to see oursels as ithers see us." Now, it is only through criticism that we are enabled to get a true reflection of ourselves. Do not forget words of praise and commendation where they are due. Endeavor to divest your criticism of all appearance of irritation. Encouraging words are of great service to the timid and hesitating.

Medalists and prize-winners do not always achieve the highest distinction in after life. The plodding, matter of fact people often outshine their fellows.

To the graduating class we would desire to extend our most hearty congratulations, as your diplomas are a proof of efficiency in your calling.

Stringent rules and regulations are always necessary in every undergraduate course. Duty, no matter in what form, must never be shirked. Discipline is always refining and beneficial. You know how rigid and strict is military discipline. Even so is it equally necessary to yield implicitly to one head in order to ensure success, no matter what may be the organization. The great world into which you are about to enter as active members is equally exacting. Contravention of any of its great written or unwritten laws is equally as severely punished.

You are now about to enter upon your post-graduate life. Do not think you can then lay aside your studies, and rest upon your past work. The modes of living are rapidly changing, new diseases are appearing, as are also new phases of old diseases, all of which necessitates changes of treatment. Science is also making rapid advancement. For these reasons you may consider that you have, as yet, but barely entered upon the threshold of your chosen calling. Constant vigilance in observation and study is imperatively necessary. Always try to reason from cause to effect. At the same time, I would advise you to be conservative in your mode of work, remembering Sir Ashley Cooper's advice to his class, "If you try every new-fangled remedy that comes along, you will not cure many of your patients, and pretty soon you will have no patients to cure."

Duty to your patients.—The greatest study of mankind is humanity. Endeavor to be readers of human nature. Anticipate the wants of your patients, and show by your assiduous attentions that you have their interests truly at heart and thus gain their confidence and respect.

Controlling of one's temper is a master stroke in any profession or calling, and in none more so than in your profession. Loss of temper always lessens one's influence, and lowers the status of the nurse in the eyes of her patient. How true is the saying in the Book of Proverbs, "Greater is he who

controlleth his temper than he who taketh a city." Never let your feelings betray you into showing resentment. Every person has some particular crotchet or foible, which illness is sure to accentuate or exaggerate. Again, the Book of Proverbs tells us that a "soft answer turneth away wrath."

Always respect the feelings of those in distress. You will often be thrown into scenes of great sorrow and anguish. Be sympathetic and respectful in manner, conducting yourselves with quickness and gravity. By so doing, you are not only respecting those in affliction, but you are showing that respect for yourselves which is your due.

Do not be afraid of sacrificing your dignity or that of your position as a nurse, by aiding the family of the patient, in case of an emergency. Many families object to employing nurses, on account of their apparent reluctance to aid them when they are short-handed for help. I have known cases where nurses even expected to be waited upon instead of aiding others. Sickness and the distress consequent upon it, do not consult the convenience of the afflicted, and we should always aid those in distress to the utmost in our power instead of hesitating as to the propriety of sacrificing our dignity, through extending a helping hand.

The demeanor of the nurse should be grave and dignified. All frivolity and giddiness on the part of the nurse should be banished not only from the sick room, but from the house of the patient; neither should any undue familiarity take place.

Mistakes in the performance of duty should always be guarded against, by carefully writing out all orders and keeping proper time sheets, with every detail duly stated for the guidance of the physician. Punctuality is a very important factor in every walk of life, and in none is it more important than in your profession.

Romanticism is indulged in by a great many people in all walks of life and I have reason to believe that in none is it more indulged in than by the members of your profession. They have heard of very romantic incidents occurring in the lives of others, and hope it may be repeated in their case. Rigidly dismiss such thoughts from your minds, as they tend to hinder true progress and destroy usefulness. Should good fortune come your way, accept it as your due, but do not run after it, to the neglect of your more important duties, as merit is always sure to win out and come to the front.

The ethical side of life is most important. By this term we mean "the basic principles of right action of one individual toward another." When a nurse engages to attend a case, she comes in contact with (1) the patient, (2) the physician, and (3) the friends and relatives of the patient. The chief centre of attention is the patient and upon whose behalf all efforts are directed. Your first allegiance is due to the physician in charge, as he has full control over the patient and directs the case as it progresses, hence your services are at his command and you are responsible to him. Therefore be loyal to the physician in charge. The moment that you feel your loyalty to him beginning to flag, surrender your patient and retire from the case. Do not allow yourselves to be influenced by adverse criticisms of the medical

attendant, always bearing in mind that those who criticize him unfairly will treat you in the same manner.

Earnestness in work should always be our aim. Do not be triflers. The word "earnest" is one of the most expressive in our language. An earnest worker is ever on the alert to improve herself, so as to make her services more useful to those she serves. We are not all of the same talents, yet the most highly endowed are not always successful. Success usually falls to the lot of the earnest worker who is ever thoughtful and observant. Do not be led astray into thinking that success is purely due to genius without effort, for genius has been defined to be "an infinite capacity for taking pains." Improve your talents; never allow an opportunity to pass unimproved. Should you not be able to accomplish as much as your neighbor, you will have the very great inward satisfaction of having done your best. Fight the good fight and run the race. Endure the agony as one who runs to win. Do not be cast down, should you not succeed at first, but rise again to the fight, remembering always that there is room at the top. One cause of the great success of the Anglo-Saxon race is their indomitable perseverance, not knowing how to yield. The following few lines by Edward Nance Cook, convey in very impressive though plain language the idea I wish to convey:

#### HOW DID YOU FIGHT?

You are beaten to earth? Well, well, what's that?

Come up with a smiling face.

It's nothing against you to fall down flat,

But to lie there—that's disgrace.

The harder you're thrown, why the higher you bounce:

Be proud of your blackened eye!

It isn't the fact that you're licked that counts:

It's how did you fight—and why?

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#### THE VALUE OF THE DIETETIAN IN THE TRAINING SCHOOL.\*

The work of the dietetian in a hospital is somewhat similar to that of a domestic science teacher in a school. The same scientific principles underlie the art of cookery whether it be for the sick or well. Ruskin says, "Cookery means the knowledge of Medea and of Circe and of Helen and of the Queen of Sheba. It means the knowledge of all herbs and fruits and balms and spices and all that is healing and sweet in the fields and groves and savory in meats. It means carefulness and inventiveness and willingness and readiness of appliances. It means the economy of your grandmothers and the science of the modern chemist; it means much testing and no wasting; it means English thoroughness and French art and Arabian hospitality; and in fine it means that you are to be perfectly and always ladies—loaf-givers."

Thirty-five years ago cooking schools were unknown in America. Boston

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\* Read by Miss Baird, Dietetian of the Victoria Hospital, London, at the Annual Meeting of the Canadian Society of Superintendents of Training Schools.



leads in introducing them. Two generations ago girls learned in their own homes at least as much about cooking as their mothers knew. Then came the age of higher education for girls and less attention was paid to their domestic training. Hence the necessity for the teaching of household science in schools.

Of the nurses who were trained in our diet school last year not many knew how to make good bread, cake or light desserts, to properly cook eggs, meat, vegetables or cereals, to say nothing of more elaborate dishes. Four had studied cooking in public or high schools, and the methods with which they set about their work, their accuracy and their results fully demonstrate the value of training along these lines.

Our schools to-day are teaching girls, from the ages of twelve to eighteen, to cook daintily and well and to follow these rules based on scientific principles. Soon, even already these girls are fairly competent critics and in a few years we may have a world converted to a knowledge and practice of rational feeding.

The trained nurse must be in advance of the time not only from the higher standpoint of usefulness in her profession but also to maintain her own dignity and respect for her profession. To know foods in relation to disease and to be able to cook them skilfully and well is now to her an absolute necessity.

All training schools, I think, now teach dietetics by some method. All hospitals, however, have not reached the stage of having a well-equipped diet school founded upon hygienic and economic principles where nurses are trained to prepare each day's dietary.

Before considering the advantages of this over the plan of having a dietitian for part of the year to lecture and demonstrate, I want to briefly outline the work as it is carried on in this hospital.

The training in dietetics is separated into two co-related divisions, the science of foods and the practice and art of invalid cookery.

The first consists of a course of twenty lectures in a general classification of foods, relative nutritive values of the more common foods and diet in relation to disease. The lesson topics last year were: General classification of foods and the relative nutritive values of the five main classes; cooking and digestion of sugar, starch, proteids and fats; lessons on beverages, broths and soups, cereals, gruels, fruits, eggs, milk, eggs and milk in combination, meats, gelatine desserts and frozen desserts. With each lesson the main points to be observed in serving were discussed. Then, too, we studied infant feeding and a general classification of diseases from a dietetic standpoint as fevers, disorders of metabolism, affections of the stomach and intestines, disorders of the circulation of the blood, disorders of the organs of excretion.

The course in applied science consisted formerly of six, now of eight weeks of practical invalid cookery. The nurses under the instruction of the dietitian prepare the liquid and distinctly invalid diet for all the patients in the building and the meals for the private patients. In addition they are taught to serve the meals they themselves prepare. In this way their work

becomes intensely profitable to them and at the same time interesting and pleasurable.

The advantages of this plan are obvious. The nurse cooks for almost every class of patients during these weeks and sees the results of her dieting. They serve the foods they prepare to sick people with sick people's peculiar critical appetites instead of merely tasting them themselves. They come back and tell us that for some stages of a disease our recipes make foods too sweet, for others not sweet enough: some want no flavorings used, others like them, and in a hundred ways, two months of cooking and serving foods for all classes of patients develop a keenness of perception in regard to this work that could not possibly be produced by the best of lectures and demonstrations.

The diet school is also the doctor's great ally in the fight with disease. The food for the sick is not prepared by uninterested, uneducated servants.

From a purely monetary standpoint the diet kitchen is a gain rather than a loss. We all know an educated woman who understands economical buying and cooking can give her family all the appetizing, nourishing food they require with less expenditure of money than a woman uneducated along these lines can serve starvation meals. The same thing applies to the feeding of the sick. In this hospital for six months the average cost of serving the private patients was eight and one-fifth cents per meal not including the salaries of the dietitian and nurses who prepared them, and nine and seven-eighth cents counting the salaries.

From a moral standpoint it is a nurse's duty to be able to educate the people among whom she labors. We feel deeply on the question of malnutrition babies, but do we often enough consider the number of growing children and of full grown people who actually starve themselves, not because they have not the money to buy nourishing foods but simply for lack of knowledge. Every day we have people brought to the hospital about whom the doctor's most imperative orders are to feed them back to health. They are afraid of good, wholesome food. They become so accustomed to a starvation diet that their appetite, like an abused conscience, has ceased to be a guide. They tell us they never eat an egg for breakfast, a cup of coffee and a slice of toast are all they take at home. We all know that the body is like a machine in that it burns its food for fuel to produce its heat and energy. Such a breakfast, counting cream and sugar in the coffee and butter on the toast, considered as fuel, will barely supply enough heat to keep up body temperature. There is none left for energy or for the renewal of worn-out tissues. Yet the person expects to do a forenoon's work!

We know, of course, that the body has latent energy in every cell and the woman who works on such meals, uses this until it is exhausted and wonders why she becomes weak and languid. She takes stimulating drugs and finally when her youthful bank account of energy is gone she becomes a nervous wreck.

If taken in time and properly dieted, a naturally recuperative constitution will respond and perhaps regain almost normal vitality, but the majority fall a prey to incurable diseases. No man liveth to himself, and surely not a

nurse. She can do much to prevent disease if she herself has been awakened to the consequences of improper or insufficient food.

As we live our lives we never feel the loss of more improved machinery in our work until we have used it and then attempt to go back to older methods. Farmers give us a good illustration of this truth. Imagine one attempting to farm with the machinery in common use even ten years ago.

So hospitals never realize the usefulness of a diet school until they have had a regularly established one and then consider the possibility of attempting to manage a hospital without one.

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### COLUMBIA COAST MISSION, BRITISH COLUMBIA.

Having watched with much interest the growth of this mission, I determined to spend the last week of my vacation in a trip up the coast from Vancouver to Alert Bay and get into personal touch with its workers.

Leaving Vancouver on Monday evening, August 30th, by steamship "Cowichan," of the Union Steamship Company, whose officials always treat the Mission workers with generosity and courtesy, I had a comfortable trip to Rock Bay, which is the most central of the three hospitals connected with the Mission. For the benefit of those who have not been constant readers of the "Canadian Nurse," I may mention that this Mission was inaugurated about four years ago, when the crying needs of the loggers stirred the heart of the Rev. John Anth and called him away from his parochial work in Vancouver. Born and bred in nautical surroundings, his father having been a sea-captain, Mr. Anth is a skilled seaman and having, in a trip up the coast, been greatly touched by the isolated and neglected condition of the loggers and other inhabitants on the west coast, he determined to do all in his power to remedy this state of things.

He found an utter lack of all refining and religious influences, entire absence of provision against the accidents and sudden illnesses incidental to this life, with much consequent loss of life and inevitable suffering, as the nearest point where medical and nursing care could be had was Vancouver. In the same spirit which animated Dr. Grenfell on the coast of Labrador, he launched his scheme to provide (1) a gasoline launch for visiting the camps, holding services and lending books, which should also be equipped as a hospital ship, with a surgeon and all necessary surgical and medical appliances; (2) a hospital in a central position. The Bishops of New Westminster and Columbia could not refuse a helping hand to such a necessary (though hitherto unrecognized) branch of the church's work, and the Ladies' Auxilliary have throughout taken a most active part. The Victorian Order of Nurses undertook the furnishing of the hospital and supplying of nurses, the salaries being paid by the Mission. One of the portable houses of the Hastings Mill Co. was put up at Rock Bay, under the title of Queen's Hospital, which has since been enlarged, so that soon, when the new wing is completely fitted up, there will be accommodation for fourteen men and five women. The record of the past year is evidence of the good work done.

As is so often the case, the foundations were laid with sorrow and loss.

The pioneer nurse, Miss Sutherland, whose unremitting labors are well known on these shores, sacrificed her life in this cause. So endless were the demands on her time and strength, so great the strain and responsibility, when the doctor had to divide his time between hospital and ship, leaving her sometimes absolutely alone, that one could only marvel at the endurance which kept her at her post till a few hours before her death, practically in harness to the last. This twentieth century has its martyrs too, though the burning stake and the gleaming sword and the Inquisitorial tortures are things of the past. This sad event seemed to give an impetus to the work and funds came in more rapidly, till the Columbia Hospital at Van Anda was opened two years ago, and recently a third at Alert Bay.

Rock Bay is pre-eminently the loggers' hospital, Van Anda the miners', and Alert Bay more or less heterogeneous in character, a cannery, several mines and logging camps, a quarry and an Indian settlement being in close proximity to it. The small beginning of 1905 has now developed into a mission of some magnitude. At each hospital there is a resident surgeon, with head and one assistant nurse, and a kitchen helper. On the "Columbia," Mr. Anth acts as captain, with an engineer, an assistant officer and a cook. A monthly outlay of \$1,500 for the maintenance of the entire work is thus involved, much of which is necessarily of an expensive nature. Subscriptions are now being asked for a larger vessel, which will not be dependent on tides and will travel at greater speed, thus making a definite schedule possible and so facilitating the transit of accident cases to the nearest hospital or securing immediate surgical aid on board. At present such cases usually arrive in rowboats or in the small gasoline launches so much in vogue.

Dr. Harrington, the popular medico at Rock Bay, is an instance of the happy combination resulting from English parentage, a boyhood spent in the West, capped by an eastern college education (McGill). His unfailing enthusiasm, his keenness and adaptability are strikingly displayed in a position of responsibility, demanding varied powers and endless tact. An Old Country nurse would have been shocked to find the medical officer hauling her baggage upstairs, fetching hot water for the tired visitor, helping to clear the table and at times even to cook. The strict discipline maintained was, however, most marked. My mild request for a glass of water, made to the Jap orderly, was answered by "I must ask the Doctor," who forthwith handed it out from the kitchen! The Jap thought I was a private patient, who had strayed from her pen, and hence referred to the doctor for orders.

The "simple life" is certainly followed here and the devotion of those who, fitted by birth and education to take good positions in refined and luxurious surroundings, give up some of the best years of their lives to further the Mission work, provides food for thought as to why others should be so backward in providing the "sinews" of mission work, in lieu of personal service. I may suggest to those who prefer to give to a definite object that the operating room is very poorly equipped, the instruments are few and kept in a home-made cupboard, the boarding itself not being anywhere near the aseptic standard which should characterize a modern operating room. A new

room with proper equipment is really a crying need. The small supply of white bedspreads would also appeal to a good housekeeper.

Several interesting cases were in hospital. One man, whose right hand (alas!) was so crushed that the loss of all his fingers seemed inevitable, had happily still two very much enlarged members left, which, thanks to skilled attention and the good air, gave promise of being of some use in the future. Another had almost severed the toes with an axe, and after a hasty journey of fifteen miles in an open boat, arrived at the hospital in a most collapsed condition from hemorrhage; the only "first aid" service rendered being to cover the foot with flour, and to tie it up loosely in a towel!

Another had injured his ear and affected the symmetry of his cranial bones by a jam between two huge logs.

A recent amputation of the thigh, doctor and one nurse alone assisting, made a good recovery and testifies to the need of well-qualified medical men and nurses. In Miss Riddock, the head nurse, I was glad to meet an ex-Queen's Jubilee nurse from Scotland, and in Miss Schjolt, a graduate of Barts.

Sometimes, alas! accidents take place and there is no one conscious of what has befallen the lonely toiler, and one shudders to think of the tales of terrible agony, of the awful thirst, of the long struggle for life, that these dark forests and rocky shores could unfold. The "Columbia" leaves first aid boxes with full directions at the camps, and many of the loggers pay a small yearly sum (only \$10) to entitle them to medical and surgical treatment.

Having spent a pleasant day and a half at Rock Bay, including the only constitutional available, a walk along the light railway, which connects the logging-camp of the Hastings Mill Co., twelve miles away, with the sea-shore, I went north by the "Queen City" to Alert Bay, situated at the north of the Island of Vancouver.

What shall I say of Alert Bay? How describe the irresistible charm at sunset in particular; the crescent bay with its varied life, part Indian, part Canadian; the little Mission church and school-houses for Indian and white children, the industrial school, the totem poles and the Indian graveyard, and its latest joy and pride, the red-roofed hospital, built in the interests of all who need its help, regardless of creed, color or occupation. Beyond are the low huts and the dark forests and the beautiful tints of the setting sun, bringing to mind Webb's beautiful lines:

"'Tis gone, that bright and orb'd blaze,  
Fast fading from our wistful gaze;  
Yon mantling cloud has hid from sight  
The last faint tints of quivering light."

First impressions are always lasting and mine were very pleasing inside and outside.

This hospital, opened in June, is very well planned and very well equipped, everything being thoroughly good and chosen with great taste and judgment. The Women's Auxilliary, all over Canada, have contributed generously, also many other philanthropic societies, and the individual gifts have been numerous and many local friends, even of other denominations,

have taken a strong personal interest and have proved generous friends. The brass tablets, in memoriam and otherwise, on the doors of the private rooms and on many of the ward beds are a distinctive feature. A noteworthy feature also is the wide verandah back and front, where the patients can spend the whole day. This is an ideal place for a rest cure, where bathed in light and air, free from the disturbing influences of post, telephone, telegraph, trains, cars and motors, patients can be relieved of the sense of intensity and excitement which their busy lives engender, and regain their equilibrium, physical and mental.

The mail-boats call twice a week and other steamers come in with more or less exactitude, being the sole means of communication with the outside world. At present the work is new and needs to be known, for people are conservative in these parts and at first are shy of going to the fully trained workers, preferring to rely perhaps on those who have hitherto so nobly filled the breaches and made up for lack of skill and knowledge by a keen observation, a persevering study and a loving, sympathetic heart. At any time the resources of even this fine hospital, with its men's and women's wards and its private rooms, may be strained to the utmost by some great disaster in mine or quarry, in logging camp or cannery, or by some terrible shipwreck. During this preliminary leisure time, Miss Monk, the head nurse, takes an active interest in the commissariat, instructing the Japanese cook in culinary matters and putting up pounds of preserved fruits for winter use, besides supervising the nursing of the two patients, a mother and tiny baby and a Finn, whose foot was crushed in the quarry. Her artistic sense is displayed in the arrangement of the living room, dark red burlap with occasional panels of green wood, surmounted by a narrow ledge and white plaster, is very effective, the furniture being of the same green tint; the floors are stained and some rugs complete the plain, but pleasing, furnishing. Miss Monk is ably assisted by Miss Motherwell, a graduate of Johns Hopkins.

Personal visits assured me of the devoted work of the Rev. A. J. Hall and his wife, who for more than thirty years have labored among the Indians, for whom services are held in their native tongue, thanks to the translation of the Gospels and Epistles, parts of the Prayer Book and a selection of hymns by Mr. Hall.

Mr. and Mrs. Cortin have charge of the industrial school and together with a devoted assistant, Miss Warrener, provide a comfortable home with refining influences and a good elementary education for about thirty Indian boys, who are also instructed in some trade, by which a livelihood may be made on leaving school. One cannot but admire the real courage and strength of mind which keeps them bright in the face of difficulties, refined though in contact with much that is lowering and degrading, ready to make the best of everything, whether darning the sixteen-year-old bedspreads or remaking the four-year-old "tidy" suits of the Indian boys, or laying in a stock of salmon, caught in the bay and home-cured, to eke out by every means the scanty grudging allowance made by the Government for the descendants of the original owners of this fair land.

Apparently \$60 is considered a sufficient sum for the lodging, board,

clothing, education and medical care of the younger boys, who, as Mrs. Corker regretfully remarked, "eat as much or more, work less, and require more care than the older lads," for whom the sum of \$120 is given.

Perhaps some of those who rave over "The Vanishing Race" or other engravings by the "prince of photographers," Mr. Curtis, or who delight in their collection of Indian baskets and other curios, may in a meditative moment ask themselves whether they owe no debt to the descendants of those who showed the way to those sources of natural wealth with which Canada is so richly endowed. Surely the essentials of life should be secured to them and every means used to prevent their being "a byword among the nations," as a result of contact with so-called Christian civilization. Surely the firm hand of the stronger brother could, with wisdom and tact, put down that crying evil of the potlache with its attendant immorality, which prevents the more enlightened but timid Catechumen from definitely embracing the Christian religion and following the purer life, which increased knowledge and civilization should bring.

The C. M. S. is gradually withdrawing its grant and up to the present there is no equivalent increase of subscriptions forthcoming. Mrs. Corker of Alert Bay, B.C., would gladly supply any further details on application.

After a pleasant stay of nearly two days at Alert Bay I took steamer down to Van Anda. Van Anda is situated on the Island of Texada and is pre-eminently the miners' hospital, as there are four mines within reach, gold, silver and copper. In all the population amounts to 500 and there are of course other small settlements within reach, who look to this hospital to supply their medical and nursing needs. The advent of Dr. Kemp, so well known in Toronto, has given a fresh impetus to the work, whilst his own health has improved greatly during his residence in these healthful surroundings. He has thrown himself into the work with great enthusiasm and has proved that a change of work and surroundings is often more beneficial to some temperaments than an enforced "rest cure." The hospital is in reality an adapted opera house, and the building has certainly lent itself well to the change. A well-ventilated ward on either side of the corridor is relegated to women and men respectively, each opening on to a fine piazza, one having a forest, the other a sea view. The operating and consulting rooms, fairly equipped, are adjacent, also bath and toilet rooms, two private rooms complete the present accommodation, which is often in full requisition. The doctor's and nurses' rooms are in the centre opening into the living room, which was apparently the former stage, whilst the "green-room" now acts as kitchen, where a Chinaman holds sway. More healthful surroundings could hardly be imagined, the position being high, facing the sea, surrounded by a fir forest and open to sunshine the livelong day.

There is a neighboring church, where Presbyterian and Episcopal ministers alike officiate, ministering indiscriminately to the various nationalities here represented. Perhaps the greatest need is for funds to complete the walls. The most practical method appears to be to cover the ceilings with very thin sheets of metal, which can be painted, forming an effective barrier to the sawdust and the high winds, whilst the walls above the wainscoting

can be covered with Sanitas paper. A second bathroom is also badly needed for use of the staff and also a better road, for the present rocky, uneven path leading to the hospital from the wharf must occasion extreme pain to ambulance cases. The present patients were operation, accident and eclampsia cases, with several operations pending.

The steamers are by no means "certain quantities" and Labor Day having called for a rush through, bringing the steamer two hours ahead of time caused an unfortunate delay, through my missing her, at the other ports. I had on the other hand lost many hours' sleep through her tardiness. However, a trip to the opposite shore in a gasoline launch enabled me to take a small coaster and finally make connections. As the steamer makes its way amongst the numerous islands and inlets of this rocky coast of British Columbia, dropping or taking up here and there one or two men and more occasionally a woman from an open boat or an anchored float, or possibly with most adroit seamanship tying up at a small wooden pier, one is struck with an extreme sense of isolation. A sense of admiration also fills one for those who thus elect to fight more or less alone against Nature's forces, who from circumstances, perhaps, but just as often from choice, are laboring hard, with a sense of satisfaction that they are daily accomplishing a definite work which justifies their existence and would otherwise be left undone, which gives relish to the meals and a happy recollection of the dollars accumulating to their account (\$2.50 to \$3.00 per diem).

These are the pioneers to whom we owe so much in developing the resources of the country, who, whether as managers of logging, mining, quarry or cannery companies, or just as truly in the more humble capacity of employes are preparing the way for the more delicately nurtured, in some instances the more weak-kneed and more selfish crowds that will follow as soon as the country is opened up, thus offering some solution to that most terrible of problems—the army of the unemployed.

All these camps and villages are dependent on these steamers for the necessities of life. Often a kindly captain will caution an over-zealous logger or freight clerk against the risk of an over-weighted boat and will await his return for a second load of the flour, "spuds," meat, bacon, vegetables and groceries, which form the bulk of the camp food.

One looks and shudders at the long stretches of inaccessible coast, with no space even for the numerous logs, resulting from natural decay, storms, broken-down booms and possibly thrown in as the quickest way of clearing the land. To students of nature and the "simple life" I can recommend a trip up the west coast and am assured they will see the immense benefit of the Columbia Coast Mission to the isolated inhabitants.

Rock Bay, B.C.—Total number of cases, 120; medical cases, 36; surgical cases, 81; gynaecological cases, 2; obstetric cases, 1; number of operations, 82; number of deaths, 4; number of hospital days, 2,645; number of outdoor patients, 275; number of outdoor dressings, 813; number of prescriptions dispensed, 390; number of beds, 20; number of nurses, 2.

M. A. ELLISON.



## THE ALASKA-YUKON-PACIFIC EXHIBITION.

Much interest has been attracted to the Pacific coast by the exhibition held at Seattle, Washington, from June till October. Amongst other objects it aimed at cementing the union between the Western States and the American possessions in the Arctic regions.

The situation was excellently chosen and the beautiful grounds greatly enhanced the beauty and pleasure. Some of the buildings are permanent structures and will form part of the University of Seattle.

In the Government Building were many exhibits of interest to the nursing profession. Proofs of the ceaseless warfare against two twentieth century menaces, tuberculosis and epidemics (yellow fever and bubonic plague in particular) were seen in the beautiful models of state sanatoria and of houses which favor the outbreak of epidemics and those in which precautionary measures are adopted. There were specimens of disease-infected organs (animals), whose pathology was self-evident; while the malaria-producing mosquito and dreaded tsetse fly were much in evidence. Every good housekeeper was interested in the measures to combat rats and vermin of all kinds, the porches being carefully screened as well as all open water stores and garbage cans. There was a hospital under canvas and the usual operation outfit, which calls forth so much awe and morbid curiosity from the lay public.

The pretty little Emergency Hospital, built as soon as the construction camp was set up, attracted general admiration. The doctors and graduate nurses certainly were in unusually healthy and beautiful surroundings, overlooking woods and lake. Employes and visitors alike were treated gratuitously, any urgent cases being taken by ambulance to the city hospital, though beds were always in readiness for those not able to be removed. On an average twenty persons daily were treated medically or surgically.

Amongst all the varied attractions of the Paystreak, there was one that appealed to the mother-heart. The Baby Incubator demonstration, provided by the King-Schurer Co., of New York, was rarely without visitors even at the slackest hours. Not sixty years ago skilled nursing, except under the auspices of religious communities like Kaisersworth, was unknown and we have to-day an incubator company finding that trained night and day nursing is financially a necessity, an indispensable part of successful advertisement. My patriotic feelings were gratified by finding an English nurse in charge and with the help of two or three more nurses one felt that the premature and sickly babies were being given a "fighting chance" at any rate. Two medical men, specialists in obstetrics and infantile complaints, supervised the treatment, which is adapted to each individual infant, the best possible diet, whether modified milk, a wet-nurse or what not, being provided. In some instances a dropper, in others a gauge spoon is used.

There were eight tiny atoms of humanity, reposing each in its incubator, dressed in binder, diapers, shirt, covered with a pretty soft quilt. Babies as small as  $2\frac{1}{2}$  pounds are successfully reared under these conditions and the average saving of life is 68 per cent. of those brought in at once who survive the first twenty-four hours. Directly the baby is born it is wrapped in cotton-wool, after being rubbed over with olive oil, and put in the incubator

at a temperature of 90 to 100 degrees. Some of 6½ months are raised, but the average are 7 to 7½ months babies. The incubators cost \$150 and are gas-heated with a Bunsen gas burner, connected with a coil of pipes and having an automatic regulator, the temperature being from 84 to 100 degrees according to the case. The air is conducted through a 10-inch pipe leading by one of 4 inches into the interior, being warmed by the coil of pipes and filtered through gauze, a vent pipe carrying away the respired air. The average length of time that the babies are kept is three to four months, of which two months are usually spent in the incubator entirely, baby being removed for feeding and bathing purposes. The babies who are received directly after birth usually do well and rarely cry after five weeks.

I was glad to find by close personal inspection that these premature babies are given the best possible chance of survival and often become quite healthy, proving that the fact of their being exhibited is not harmful to them.

The Forestry Building was awe-inspiring in its proportions, built of massive trunks, and the alluring salmon hatcheries, mountaineering outfits and other woodland delights drew many visitors. On ascending the steep staircase a very complete and exhaustive exhibit awaited one. Almost every sanatorium was represented and the amount of literature and statistics about the white plague would convince the incredulous that the States at any rate are preparing the "sinews of war" to fight this deadly enemy to the bitter end.

Amongst many others I noticed the very practical tent-house adopted at the Union Printers' Home at Colorado Springs. It is octagonal in shape and its framework is as substantial as that of a house, so that its occupant need not fear the most severe wind. There is a capital arrangement of ventilation in the floor and round the peak, which can be closed if the weather is very cold. A built-in wardrobe, stationary washstand, drawers, comfortable chairs and rugs made it very attractive. It is steam-heated, lighted by electricity and is connected by an electric bell with the hospital building. A centrally placed solarium provides recreation and companionship, and one feels that no one belonging to the Printers' Union would grudge the monthly assessment of 15 cents, which would secure such advantages to those whose life renders them specially susceptible to this disease.

For preventive and curative work in the city, the Phipps Institution of Philadelphia stands, perhaps, almost in a unique position. The system pursued is for advanced cases to be received into the hospital, whilst the work of the very large out-patient department is supplemented by the nurse visitors. They follow up these patients and ensure the regulations being carried out, the whole being under the able superintendence of a superintendent of large experience, Miss Sutton. One distinctive feature is that nearly all the nurses in training have themselves been sufferers from tuberculosis, this element of personal experience being a great factor in calling forth enthusiasm, hope and patience.

Even the invalid visitors were cared for, as comfortable wicker path-chairs and the more modern jinrickshas were in readiness at the chief entrance and light refreshments were at every corner.

M. A. ELLISON.



Many positions requiring nurses with superior qualifications and marked executive ability are filled from the ranks of the Victorian Order nurses every year.

During the month of October, the Chief Superintendent visited the branches in the Maritime Provinces. The St. John District is still doing its excellent work; the three nurses are kept busy all the time. The Halifax District is very satisfactory. A third nurse has just been added to the staff. The work in Truro has been very heavy; 192 visits were made by the nurse there last month. New nurses have been sent to Sydney, Canso and Baddeck. The reports from Yarmouth are very gratifying. Very well-attended, enthusiastic meetings were held at New Glasgow and Marble Mountain, to consider the advisability and feasibility of organizing local branches in those places. Strong provisional committees were formed to work on the scheme. Marble Mountain will undoubtedly arrange to have either a small hospital or a district nurse, as soon as navigation opens up in the spring.

During the last six months the following appointments have been made by the Head Office of the Order in Ottawa: Miss E. Dodds, superintendent, Almonte Hospital; Miss E. Offord, Superintendent, Swan River Hospital; Miss M. Keith, Superintendent, Shoal Lake Hospital; Miss A. Moore, Superintendent, Minnedosa Hospital; Miss C. Beamish, Superintendent, Melfort Hospital; Miss Cookman, Superintendent, Lachine Hospital; Miss McCutcheon, acting District Superintendent, Ottawa Home; Miss MacLennan, acting Senior Nurse, Ottawa Home; Miss Maxwell, Head Nurse, Winnipeg District; Miss McRitchie, Tubercular Nurse, Brantford District; Miss Brown, Melfort Hospital; Miss Gay, Minnedosa Hospital; Miss Clark, Minnedosa Hospital; Miss Schjott, Rock Bay Hospital; Miss Graham, Winnipeg District; Miss Powell, Winnipeg District; Miss Murray, Shoal Lake Hospital; Miss Trusler, Grand Mère District; Miss Wallace, Almonte Hospital; Miss Reid, New Liskeard Hospital; Mrs. Tyler, Lachine District; Miss Ellis, Halifax District; Miss Warren, Halifax District; Miss Glass, London District; Miss Patterson, Sydney District; Miss Jones, Riverdale District; Miss Marshall, Galt District; Miss Hall, Vancouver District; Miss Millar, Vancouver District; Miss Fraser, Fort William District; Miss Holder, Kaslo Hospital; Miss Esplen, Revelstoke Hospital; Miss Scott, Canso District; Miss Mosher, Baddeck District.

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## The Guild of

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## Saint Baranbas

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During the year now drawing to its close, there have been many changes in our district. In Toronto very great regret has been expressed at the resignation of Canon and Mrs. Welch, who have gone to live in England. At the suggestion of Canon Welch, the Rev. F. G. Plummer has been appointed his successor, by the District Chaplain, and Mrs. Broughall has again come forward and kindly offered to act as Superior (pro tem). In Quebec the local Superior, Miss Jarvis, has left the Citadel, and Mrs. Williams, who has always been a good friend to the Guild, has consented to fill her place. We regret that the branch in Ottawa has lapsed for the present. Many of the members have left Ottawa, and those who remain have become attached to the Montreal Branch. We cannot mention Montreal without paying respect to the memory of the Rev. Edmund Wood, late rector of St. John the Evangelist, who was one of the best friends of our Guild and beloved by all the members who knew him. While deeply feeling his loss, we are all glad to welcome as rector, our good District Chaplain, the Rev. Arthur French. If Father Wood will always be remembered as the friend of the poor, our chaplain will indeed be known as the friend of the sick, and those who minister to the sick.

The District Superior was in England last summer, and while in London, a special meeting of the Council was called to meet her. Great interest was shown in the work in Canada, as she read the proposed new district constitution, and explained the differences of life in this country, that, if the Guild is to be the living force it should be here, the government must be more elastic than in England. While communion with the Anglican Church must be the condition of full membership, we hold out the hand of good fellowship to all nurses who, as nursing honorary members, desire to keep the rule of life and become attached to us. We hope in time to have branches or the services of priest-associates, across this great continent, so that even those who are isolated and least known may be brought in touch with us, and may all share the privileges of our Guild in unity with Christ.

ANNIE STIKEMAN,  
District Superior.

# My Scallop Shell of Quiet

## SUCCESS IN DEFEAT.

*"Though he fall, he shall not be utterly cast down; for the Lord upholdeth him with His hand."*—Psalm xxxvii, 24.

For success in life there is nothing more important than defeat. In other words, what our characters will ultimately be like depends on how we use the reverses and defeats that we meet on our way through life.

Sometimes it is very difficult to use our successes aright, to repress the feeling of self-conceit that rises so easily and so spontaneously in our hearts, and humbly to thank God for His goodness; but it is still more difficult to make our defeats a source of profit, and not of loss, to us.

We suffer defeats frequently if we take our lives seriously; and it depends entirely on what we do after the battle is over, whether the defeat has really cost us much or little. If we are cowed and disheartened, filled with disappointment and dismay at our weakness, then it has been indeed a bad day for us. But if we pull ourselves together, and mark where the weak spot in our defence was; if we strengthen those things that were ready to perish, and resolve that by God's grace we will never be defeated in quite the same way again, then that defeat has been far from disastrous, it has been in some respects a blessing and a help.

To sin deliberately and wilfully, even if it be "just for the last time," or "just this once," with the intent to start afresh afterwards, is a mistake from the strategical and every other point of view. That can never be a help to us; that is merely a weakening of our defences all round.

Those who in this way realize frequent defeat may be on the way to ultimate victory, while those who win continual victories may be on the way to ultimate defeat. For no one can win continual victories in a campaign where there is no calling of truce, unless his foes are utterly unworthy of his steel; no one, however well armed he may be, can go very far on his way without suffering reverses, unless he has chosen a path where there are no antagonists worth fighting with. In other words, a man must have chosen for himself a very poor and pitiable ideal, if he finds that he can live up to it constantly; for any one who lives up to the standard that he has set himself, without frequently falling below it, has chosen a standard that is hardly worthy of the name.—Rev. W. N. Monteith, in *Life and Work*.

# The Canadian Nurse

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## Editorial

### NURSES IN THE CANADIAN MISSION FIELD.

We desire to draw the attention of our readers to the need of nurses in the mission fields in the newer parts of Canada, and would refer them for further particulars to Mrs. Kipp's important letter, published in our November number. Nurses are needed there. But they should not go alone. Household and hospital questions will confront them there and they will need help.

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### WELFARE WORK AT WELLAND.

All our readers will find the Correspondence Department this month of great interest and importance. The letter from Welland is one that we are proud to publish. Do our readers not think that one hundred such nurses could find in their native or adopted towns or cities such a place as the Plymouth Cordage Company where they might make themselves useful—nay, indispensable? We congratulate the Plymouth Cordage Company. Such welfare work is splendid.

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### THE HOSPITAL AT LUDHIANA.

The following account, taken from the "British Medical Journal," will be interesting to our readers, inasmuch as one of our Canadian nurses, Miss Sinclair (T.G.H.), has just received an appointment in this hospital.

"The annual meeting of the North India School of Medicine for Christian Women was held on May 5th at Trinity Church House, Great Portland Street, London. The enterprise represented by this title is carried on at Ludhiana, in the Punjab, and has now been in progress for some fourteen years. It includes a hospital, which is apparently conducted on very active lines. Last year the new out-patients numbered nearly 20,000, and in-patients over 1,200; the number of beds constantly occupied was seventy-six, and 1,100 operations were performed. It is not a school of medicine in the proper sense of the term, as the women it trains are intended to be employed as nurses, dispensers and hospital assistants. The undertaking appears to stand in need both of more money and of additions to its medical staff. What standard of knowledge the students of this school are expected to reach before receiving certificates is not indicated in the material which has reached our hands. Some assurance that it is sufficiently high seems desirable, since the primary object of the institution would appear to be, not education, but the spread of Christianity."

## Editorial Notes

### Great Britain.

**The Colonial Nursing Association.**—The annual meeting of the Colonial Nursing Association was an impressive one. When men like Sir Alfred Jones, Sir Percy Girouard and others, who are among the best authorities on health in the tropics, speak as they did of the work of their nurses, it means much to and for the Association. Sir Alfred Jones presented a cheque which completely covered the deficit. H. R. H. Princess Christian was present.

**Amateurs and Veterans.**—Among other interesting notes in "The Nursing Mirror" in November are these three:

Dr. William Andrew Hayes, whose death at the early age of 48 is announced this week, will be remembered for the emphatic manner in which he recognized the value of the work done by ladies who assisted in the nursing at the siege of Mafeking. As principal officer at Mafeking during that now historic period, Dr. Hayes subsequently stated that he thought that the public had heard too little of the way in which women, during that memorable siege, who were unaccustomed to medical work, or to the sights incident on war, braced themselves together and held bleeding and mangled limbs, whilst he or his colleagues operated. "But," observed Dr. Hayes, "like all true nurses, they were satisfied with the thanks of their grateful patients."

The celebration last week of the centenary of Tennyson's birth by the British Academy at Burlington House has reminded a nurse of her interesting experience of the late Poet Laureate during her residence in the Isle of Wight. She states that the year before Lord Tennyson died she was nursing a patient in Freshwater, and the poet was pointed out to her. Soon after she was near the sea, and met Lord Tennyson walking alone. She naturally wanted to have a good look at him, but feeling that he might be sensitive, she only gave a timid glance. To her surprise and delight Lord Tennyson raised his hat and bowed. After that whenever they met, which was frequently, he paid the uniform the same compliment. She continues: "On the last occasion when I saw the poet I was coming out of a lane just on to the main road when he, with another gentleman, stood for a moment, and as he always had since our first meeting, the poet bowed to me. Not wishing to walk just behind or in front, I branched across the road, and could not help hearing Lord Tennyson observe to the gentleman with him, 'Nurses *must* be good women.' A little later Lord Tennyson was taken ill, and, imagine my regret, when I was sent for to nurse him I was just leaving an infectious case—and, of course, was unable to go."

Remarkable testimony to the insight of a veteran Edinburgh nurse who has just passed away is borne by Dr. Joseph Bell. For forty years of her life Miss Jane Tod Dickson was on the staff of the Edinburgh Royal Infirmary, and in speaking of the loss sustained by her death, Dr. Bell said that "she nursed, she did not talk." His own experience, he continued, was, "that if on his rounds he expressed the opinion that a patient was improving,

and Nurse Dickson showed disapproval by opening wide her eyes, she was invariably found to be right."

**The Nurses' Missionary League.**—The League this month is having a course of four lectures on their watchword, "The Evangelization of the World in this Generation," as follows: November 9th—"The Nurse as an Individual in Relation to the Watchword:" lecturer, Mrs. Douglas Thornton (Cairo). November 16th—"The Nurse Professionally in Relation to the Watchword:" lecturer, Mrs. Burnip (Hankow, China). November 23rd—"The Nurse Socially in Relation to the Watchword:" lecturer, Miss F. J. Wakefield, B.A. November 30th—"The Nurse in Relation to the Need of the World:" lecturer, Miss Fox (Tottenham Hospital). The chairman is Miss J. MacFee, B.A., and all members of the nursing profession will be heartily welcomed, and they are asked to make the lectures widely known.

**The King at the Norfolk and Norwich Hospital.**—On Monday last the King paid a visit to the Norfolk and Norwich Hospital at Norwich, and laid the foundation-stone of a new isolation and septic block, which is the first of the series of extensions the governors of this hospital now have under contemplation. A few presentations were made to His Majesty, including Miss F. A. Cann, the matron. The King said: "No greater blessings exist for the poor classes of the country than the institutions which provide for their relief and care in illness, and any movement to establish new buildings for the purpose of extending those already in existence, or to render them more efficient, will always have my warmest support. (Applause.) I am sure that those charitable men and women who have liberally contributed to your hospital in the past will themselves continue their support, and will by their efforts stimulate others to assist this noble work of charity. The encouragement you give to your nurses to join the nursing service of the Territorial Forces meets with my utmost cordial approval. In matters of life and death the services of the trained nurse are no less essential than those of the physician or surgeon. I pray that the blessing of God may rest upon your labors."

**Memorial Window to a Nurse.**—"The British Journal of Nursing" says: "A stained glass window, depicting the Annunciation, has been placed in St. Luke's Church, Kingston-on-Thames, in memory of the late Miss J. A. Smith, for nine years Matron of the Kingston Infirmary, by her relations, friends and fellow worshippers. The window, which is by Messrs. Hemming and Co., of London, was dedicated at an impressive service, attended by members of the Board of Guardians, Dr. Donald, the medical officer, Miss A. Smith, the present Matron, and many Sisters and nurses. The Vicar, the Rev. W. Reginald Wright, gave a touching address, in which he spoke of the patience and courage with which the late Miss Smith bore pain and faced death during her last illness."

#### Canada.

**New Hospital at Halifax.**—In response to the demand for a private hospital in Halifax, under supervision of experienced certified nurses, "Restholm," 15 North Park St., was opened in August, 1908. The number of applications for admission received is 57, and the number of patients nursed



is 40. "Restholm" is the official headquarters of the Nova Scotia Graduate Nurses' Association, and the residential headquarters of the Halifax Branch of the Victorian Order of Nurses.

#### **The United States of America.**

**Miss Dock's New Book.**—Miss Dock is preparing a manual for nurses on venereal diseases. This will, we feel sure, be a useful work.

**The American Red Cross Nursing Service.**—The American Journal of Nursing says:

"The War Relief Board, at a meeting held May 7th, 1909, took under consideration the placing of the Red Cross Nursing Department under a special subcommittee. To provide for the committee the following resolution was passed:

"Resolved, That the subcommittee on Red Cross Nursing Service shall consist of a chairman and fourteen other members; five to constitute a quorum; the chairman and five members to be members of the War Relief Board, to be appointed by the chairman of the Board; six members to be appointed by the chairman of the Board from a list of trained nurses submitted by the Nurses' Federation, and three persons to be appointed by the chairman on recommendation of the Board.

"The present plan for such a committee is to have the chairman and two other members of the Board selected from the trained nurse members of the Board. Of the three members of the Board, one should be a surgeon of the army, one a surgeon of the navy, and the third some other member of the Board. The three persons selected from outside the Board and the list of nurses should be persons specially fitted for membership on this Board. This will give a membership of nine trained nurses on the committee of fifteen."

"This resolution from the Red Cross War Relief Board was unanimously adopted by the Associated Alumnae after a very thorough discussion of the whole Red Cross situation, and the committee was re-elected with instructions to work out the details of such affiliation with the War Relief Board. The action of the Associated Alumnae brings the nurses of this country into distinct official relationship with the War Relief Board, and gives to them a very influential place in the administration of the strictly nursing side of the work of the National Red Cross. It is an opportunity which has never been ours and one which must receive the most intelligent co-operation from all the affiliated societies in order to prove our worthiness of the confidence which has been shown us."

**The Midwives of Baltimore.**—As a result of an investigation it is shown that there are 150 midwives in Baltimore, 99 having no diplomas, 37 or 14.6 per cent, being able neither to read nor write, 46 using no antiseptics on hands or instruments, 3 using a weak solution of nitrate of silver in the eyes of the new-born. The higher percentage of illiteracy among the midwives of Baltimore as compared with New York and Chicago is due to the fact that 30 of the 45 negro midwives in the former city can neither read nor write. Accordingly, efforts will be made to secure legislation at once to provide for the proper training and registration of midwives. Another good argument for registration of nurses. Midwives should be trained nurses.

## CORRESPONDENCE.

**Presentation to Mrs. Bedford Fenwick, Founder of the International Council of Nurses.**

Dear Madam:—

As the members of the International Council of Nurses which met in London last July have now scattered to the four quarters of the globe, may I be permitted through the courtesy of "The Canadian Nurse" to thank all the Canadian nurses who so kindly subscribed to my International gift, to commemorate the founding of the International Council of Nurses.

Our president, Fraulein Agnes Karll, in notifying me of this generous token of professional friendship, asked me to select the gift, and with great pleasure I have chosen a fine old English silver salver of pure Chippendale design, made by the worthy silversmith, William Peaston, in the year 1752. It has been suitably inscribed and was recently presented to me by Miss Isla Stewart, Matron of St. Bartholomew's Hospital.

This beautiful testimonial—the first I have accepted during the twenty years I have been privileged to work publicly for the organization of the whole profession of nursing, will ever remain one of my most valued possessions, as symbolizing the goodfellowship and fine humanitarian feeling which are the inspiration of our International Council of Nurses.

With affectionate regard, I remain,

Yours faithfully,

ETHEL G. FENWICK.

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The Mission House, Ethelbert, Man., Oct. 21, 1909.

To the Editor of the Canadian Nurse:

Dear Madam,—For some time past I have been intending to write an appreciation for publication in the Canadian Nurse, to the Alumnae Association of our alma mater, for their kindness in supplying our much-felt need of a magic lantern. But many things have conspired to prevent, among the number being the extra work in connection with the improvements which have been made on the Mission House this summer. Besides other additions we have had a small ward added and before the plaster was quite dry enough, we had a patient, who is still here, but leaving this week. We have had three at one time; at present there are two. So we have been busy, and I have procrastinated.

Our gratitude to the Alumnae Association of the T. G. H. is none the less sincere, however, though the expression of it has been delayed. The first public trial of the lantern was about three weeks ago, upon the occasion of the first meeting of the Boys' Clubs and the Girls' Sewing Class. Between sixty and seventy were present, all foreigners, and I wish you could have seen the delight of the children and the older ones also as each new picture was shown. Many of those present had walked four or five miles to see, and they certainly did enjoy the entertainment. We are hoping for great things this winter with that lantern, for our boys and girls.

A short time before the news of the gift reached me, I received \$2 from

"a Sister Nurse," toward the purchase of the desired magic lantern. I have no means of thanking our anonymous friend except through the Canadian Nurse. Her gift is much appreciated, and, since the complete lantern was otherwise furnished, the \$2 so kindly sent by my "Sister Nurse" will be used in the purchase of additional slides.

The twins are growing so quickly and are so full of life that they must be well.

I am, your sincere friend,

(Mrs. C. H. Monro.)

ELENA MONRO.

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Welland, Oct. 28th, 1909.

To the Editor of the Canadian Nurse:

Dear Madam,—I am very pleased to tell you about my work here. I was engaged by the Plymouth Cordage Company a year ago last February and this work seemed very attractive to me at that time. Since then I have found it more interesting than I anticipated. There are between three hundred and fifty and four hundred men and women employed in the mill and it is my duty to care for any sick member of the families of those employees and to report any unhygienic condition in their dwellings.

The company has provided comfortable homes for their employees and is always ready to attend to anything detrimental to the health of their people. There is a small emergency hospital at the mill for dressings and accident cases. This little room is furnished with everything necessary for emergency work. I have regular hours when I am there to give treatment and receive new patients. I call once a day on patients unable to leave their homes. Some of these are well cared for by other members of the family while others are entirely dependent on me for treatment and care.

There are a great many foreigners among the employees, principally Italians, who are always very grateful for assistance offered them.

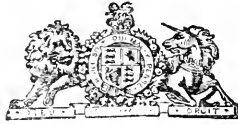
The people are free to call upon me at any hour, day or night. Last year I reported fifteen accidents, thirteen contagious cases, fourteen obstetrical cases, one thousand four hundred and thirty-three house calls and five hundred and fifty-four cases at the mill.

I sincerely hope I have been able to give you some idea of our work here. Thanking you for the kind wishes expressed in your letter, I remain,

Yours respectfully,

M. O. BRADLEY.

# Official Department



Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Brent, Superintendent Hospital for Sick Children, Toronto; Secretary, Mrs. House, Superintendent City Hospital, Hamilton.

The Canadian National Association of Trained Nurses.—President, Miss Snively, Toronto General Hospital; Sec.-Treas., Miss Shaw, General Hospital, Montreal.

The Association of Hospital Superintendents of Canada.—President, Mr. H. E. Webster, secretary Royal Victoria Hospital, Montreal; Secretary, Dr. J. N. E. Brown, Medical Supt. General Hospital, Toronto.

The Canadian Nurses' Association.—President, Miss Baikie, 25 Lorne Ave., Montreal; Cor. Secretary, Miss Colley, 133 Hutchison Street, Montreal.

The Manitoba Association of Graduate Nurses.—President, Mrs. Bruce Hill; Secretary, Miss Isabel Gault, 375 Langside St.

The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Restholm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.

The Graduate Nurses' Association of Ontario.—President, Mrs. Currie, 175 College St.; Cor. Secretary, Miss Edith Hargrave, 146 Winchester St.

The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Brockville Graduate Nurses' Association.—President, Miss Margaret Carson; Sec.-Treas., Mrs. V. A. Lott.

The Collingwood G. and M. Hospital Alumnae Association.—President, Miss G. Morrison; Secretary, Miss J. E. Carr.

The Calgary Graduate Nurses' Association.—President, Miss Rutherford, 506 4th St. West.; Secretary, Miss Dewar, 824 8th Ave. West.

The Edmonton Graduate Nurses' Association.—President, Miss Mitchell, Supt. Isolation Hospital; Secretary, Mrs. Manson, 630 Sixth St., Edmonton.

The Ottawa Graduate Nurses' Association.—President, Mrs. H. C. Church, 81 First Avenue, Ottawa; Secretary, Miss Nellie E. Slack, 189 Metcalfe St., Ottawa.

The Fergus Royal Alexandra Hospital Alumnae Association.—President, Miss Pauline Martignoni, Supt. of Nurses, Royal Alexandra Hospital; Sec.-Treas., Miss Trout, Harriston.

The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Mrs. A. Anderson; Cor. Secy., Miss J. E. Anderson.

The Hamilton City Hospital Alumnae Association.—President, Miss Coleman; Cor. Secy., Miss Aitken.

The London Victoria Hospital Alumnae Association.—President, Miss Hannah; Secretary, Miss Gertrude Armstrong, care Mrs. Judge, Dorchester.

The Kingston General Hospital Alumnae Association.—President, Mrs. Tilley, 228 Johnston St., Kingston; Secy.-Treas., Mrs. Nicol.

The Montreal General Hospital Alumnae Association.—President, Mrs. K. H. Brock; Cor. Secy., Miss Ethel Brown.

The Montreal Royal Victoria Hospital Alumnae Association.—President, Miss Grant; Secretary, Mrs. Edward Roberts, 135 Colonial Ave., Montreal.

The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Secy.-Treas., Miss M. K. Gallaher.

The St. Catharines G. and M. Hospital Alumnae Association.—Secretary, Miss E. M. Elliott.

The Toronto Central Registry of Graduate Nurses.—Registrar, Mrs. Downey, 554 College St.

The Toronto General Hospital Alumnae Association.—President, Miss Bowerman, 349 Sherbourne St.; Cor. Secy., Miss Ida L. Burkholder, 728 Spadina Ave.

The Toronto Grace Hospital Alumnae Association.—President, Mrs. Macquoid; Secretary, Miss Smith, 9 Pembroke St.

The Toronto Graduate Nurses' Club.—President, Miss Bowerman, 349 Sherbourne St.; Secretary, Miss Minnie Christie, 19 Classic Ave.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss Barnard, 608 Church St.; Cor. Secy., Miss B. Goodhall, 666 Euclid Avenue.

The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss Mathieson, Supt. Riverdale Isolation Hospital; Secretary, Miss Muriel Gale, Riverdale Isolation Hospital.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Power, 9 Pembroke St.; Secretary, Miss O'Mara, 9 Pembroke St.

The Toronto Western Hospital Alumnae Association.—President, Mrs. McConnell; Cor. Secy., Miss Butchart, 19 Oxford St.

The Winnipeg General Hospital Alumnae Association.—President, Miss Johns, Winnipeg General Hospital; Secy.-Treas., Miss Hood, 367 Langside Street.

The Vancouver Graduate Nurses' Association.—President, Mrs. W. F. Salsbury, 1340 Barnaby St.; Secretary, Miss Ruth Judge, General Hospital, Vancouver.

The Vancouver General Hospital Alumnae Association.—President, Miss Roycroft, 1036 Haro Street, Vancouver; Secretary, Miss Jessie Hart, 2240 Westminster Ave., Vancouver, B.C.

The Victoria Graduate Nurses' Association.—President, Miss Keast, Carberry Gardens; Secretary, Miss Ethel Morrison, 1442 Elford St., Victoria.

**ALUMNAE ASSOCIATION, TORONTO GENERAL HOSPITAL.**

President—Mrs. Findlay.

First Vice-President—Miss Ellis.

Second Vice-President—Miss Tweedie.

Recording Secretary—Miss Neilson.

Corresponding Secretary—Mrs. Aubin.

Treasurer—Marion E. Hall, 18 Earl St.

Board of Directors—A. J. Scott, Grace Hospital; M. Tweedie, 53 Langley Ave.; Edith Hargraves, 146 Winchester St.

**Conveners of Committees:**

Sick Visiting—Miss Kilgour.

Registration—M. E. Christie, 19 Classic Ave.

Programme—Mrs. Pellatt.

Social and Lookout—Miss Brereton.

Press and Publication—Mrs. Feeney.

Central Registry—Miss Kate Snodgrass, 644 Spadina Ave.; H. Fralick, 728 Spadina Ave.

Canadian Nurse Representative—Miss Lennox, 107 Bedford Road.

**THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.**

Hon. President—Miss Brent.

President—Miss M. L. Barnard, 608 Church St.

First Vice-President—Miss M. Ewing, 569 Bathurst St.

Second Vice-President—Miss A. Robertson, 182 Walmer Road.

Recording Secretary—Miss Monk, 668 Ontario St.

Corresponding Secretary—Miss B. Goodall, 660 Euclid Ave.

Treasurer—Miss M. Wilson, 47 Brunswick Ave.

Directors—Miss E. Jamieson, 107 Roxborough St. West; Miss M. Haley; Mrs. Thomas, 64 Binscarth Road.

Convener of General Business Committee—Miss J. Hamilton, 262 Jarvis Street.

Press Representative—Mrs. Clutterbuck, Grace St.

Canadian Nurse—Miss L. McCuaig, 605 Ontario St.

Invalid Cookery—Miss M. Gray, 505 Sherbourne St.

Central Registry—Miss L. Barnard, 608 Church St.; Miss Fellows, 56 Madison Ave.

Sick Visiting Committee—Miss J. Hamilton; Miss M. Ewing; Miss M. Isaac, 45 Alexander St.

Meetings are held in the Nurses' Residence on the second Thursday in each month, and will the nurses kindly remember that the little Invalid Cook Book might make an acceptable Christmas present for some of their friends?

**QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE**

15th November, 1909.

The following ladies have received appointments as Staff Nurse:—Miss M. S. Mason, Miss E. J. French, Miss G. F. V. Temperley, Miss G. A. J.

Lloyd, Miss E. S. Killery, Miss E. Lowe, Miss N. Molloy, Miss R. M. Rooke.

**Postings and Transfers.**

**Matrons.**

Miss E. A. Dowse, R. R. C., to Egypt, from Military Hospital, Cottonera, Malta.

Miss M. Wilson, to the Alexandra Hospital, Cosham, from Military Hospital, Cork.

**Sisters.**

Miss K. M. Bulman, to Cambridge Hospital, Aldershot, on return from Malta.

Miss H. Hartigan, to Military Hospital, Cottonera, Malta, from Military Hospital, Valetta.

Miss M. R. Makepeace, to Military Hospital, Devonport, from Military Hospital, Cork.

Miss A. Rowe, to the Alexandra Hospital, Cosham, from Military Hospital, Devonport.

Miss L. E. C. Steen, to Military Hospital, Cork, from the Alexandra Hospital, Cosham.

**Staff Nurses.**

Miss M. S. Mason, to Royal Victoria Hospital, Netley, on appointment.

Miss E. J. French, to the Q. A. Military Hospital, Grosvenor Road, London, S.W., on appointment.

Miss N. Molloy, to Connaught Hospital, Aldershot, on appointment.

Miss G. F. V. Temperley, to Royal Herbert Hospital, Woolwich, on appointment.

Miss G. A. J. Lloyd, to Connaught Hospital, Aldershot, on appointment.

Miss B. M. Nye, to Military Hospital, Tidworth, from Royal Herbert Hospital, Woolwich.

Miss M. J. Hepple, to Military Hospital, Cottonera, Malta, from Military Hospital, Valetta.

Miss C. E. A. Harries, to Military Hospital, Colchester, from Connaught Hospital, Aldershot.

Miss R. M. Rooke, to Royal Herbert Hospital, Woolwich, on appointment.

Miss D. M. Smith, to South Africa, from Military Hospital, Shorncliffe.

Miss M. C. Watson, to Military Hospital, Cork, from Royal Herbert Hospital, Woolwich.

Miss I. M. Johnston, to Military Hospital, Chatham, from Royal Victoria Hospital, Netley.

Miss M. E. Medforth, to Royal Victoria Hospital, Netley, from Military Hospital, Chatham.

**Arrivals.**

Miss K. M. Bulman, Sister, from Malta.

C. H. KEER,

Matron-in-Chief, Q.A.I.M.N.S.

### THE ALUMNAE ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers for 1908-09: Hon. President, Miss Morton; President, Miss G. Morrison; First Vice-President, Miss P. J. Cottrill; Second Vice-President, Miss Ella Baker; Secretary, Miss J. E. Carr; Assistant-Secretary, Miss E. M. Dawson; Treasurer, Miss M. M. Redmond.

Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the board room of the hospital.

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### THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

#### Officers 1909-10.

President—Mrs. Currie.

First Vice-President—Miss E. Deyman, Hamilton.

Second Vice-President—Miss H. Hollingworth, St. Catharines.

Treasurer—Miss Mary Gray.

Recording Secretary—Miss Julia Stewart.

Corresponding Secretary—Miss Edith Hargrave.

Board of Directors—Miss Brent, Miss Matheson, Miss Potts, Miss Muldrew, Miss Barnard, Miss Neilson, Miss McNeill, Miss Jameson, Miss Wardell, Miss Donnelly, Miss Rogers, Miss Kennedy, Miss Irvine.

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### GRACE HOSPITAL ALUMNAE ASSOCIATION.

The officers of Grace Hospital Alumnae Association for the year 1909 are as follows: President—Miss Devellin (by acclamation); First Vice-President—Miss McKeown; Second Vice-President—Miss McMillan; Secretary—Miss Allen; Treasurer—Miss Nixon (by acclamation); Board of Directors—Miss Canahan, Miss Mooney, Miss Soane, Miss Etta MacPherson and Miss Thompson; Social Committee—Miss Stratford, Miss Corrigan and Miss Webster; Sick Committee—Misses Irvine and Gibson; Convenor of Programme Committee—Miss McMillan; Convenor of Press and Publicity Committee—Miss Bell.

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### GUELPH ALUMNAE ASSOCIATION.

The October meeting of the Alumnae Association of the Guelph General Hospital was held at the home of the Secretary, Miss Margaret Walker.

The most interesting feature of the programme being a very instructive paper on "Nurses and Nursing," prepared by Miss Walker.

The meeting ended in a "social cup of tea," dainty refreshments being served by the hostess.



# Hospitals and Nurses

A V. O. district has been opened at Grand Mere, Quebec.

The Lady Minto Hospital at Melfort was in very good condition.

The V. O. work in London is very satisfactory with the two nurses.

The V. O. Hospital at Shoal Lake is in good condition, after a very busy year.

The V. O. work in Toronto has increased rapidly, August being a banner month with 982 visits.

The V. O. work in Fort William is increasing so rapidly that the time has come when there should be a local Association of the Order there instead of only a district committee, which is a sub-committee of the Relief Society.

The Lady Minto Hospital, V. O., at New Liskeard has also had a very busy year, but the work has been well handled.

The Victorian Hospital, Swan River, was very busy. Everything was satisfactory under the new matron, Miss Offord.

The Winnipeg V. O. District is growing. The committee have just rented an apartment on Logan Avenue, which is an ideal spot for district work, near the field of their labors. A third nurse has been added to the staff.

The Indian Head V. O. Hospital is in a flourishing condition. The new Nurses' Home is very cosy and homelike and the grounds are beautifully laid out.

The work in the hospital at Yorkton is steadily increasing. The directors are planning to build a Nurses' Home. They have added an extra graduate V. O. nurse to the staff.

Brantford has added a second V. O. nurse to their staff to care for tubercular patients. Miss MacRitchie has received the appointment and begins work October 15th.

The following nurses were admitted to the Victorian Order: Misses Truslor, Patterson, Irene Smith, Marion MacLennan, Clementina Beamish, Annie Fraser, Scott, L. Warren and Bingham.

The Lady Minto Hospital at Minnedosa, which was opened last January, has had a very busy service from the beginning. The domestic problem is the difficult one, seemingly, in Manitoba. The new matron, Miss Moore, is managing affairs well, with the able support of the Board.

An extra nurse has been added to the V. O. Ottawa staff. Leave of absence for four months has been granted Miss Harding, District Superintendent at the Ottawa Home. Miss McCutcheon has been appointed substitute and Miss MacLennan has been appointed senior nurse in the Home. The work was very heavy during the summer.

The Victorian Hospital, North Bay, has had a very busy year. The directors are building a new wing, which is nearly completed. This will

make the hospital a fifty-bed one, will give better ventilation and will be much more convenient to work in than the original building. The whole building will be brick-veneered; the cost will be \$15,000.

A post-graduate course in district nursing—four months—is given at are as follows: President—Miss Devellin (by acclamation); First Vice—one of the three training centres of the Victorian Order of Nurses at Ottawa, Montreal or Toronto. For full information, apply to the Chief Superintendent, 587 Somerset Street, Ottawa, to the Montreal District Superintendent, 76 Mackay Street, Montreal, or to the Toronto District Superintendent, 206 Spadina Avenue, Toronto.

Miss McRitchie, who has been appointed by the Victorian Order of Brantford to care for tubercular patients of that city, gave a short, interesting talk on the care of tubercular patients, before her committee. Miss McRitchie is well fitted to cope with this work, as she has had considerable experience in this branch of nursing in Saranac, and has seen the Class System of caring for incipient cases at work in Montreal where it has proved so very successful.

A local association of the Victorian Order of Nurses has been formed in Calgary. The appointment of the nurse who will have charge of that district will be made very soon.

The first public meeting of the Heather Club was held in the Nurses' Residence of the Hospital for Sick Children on Thursday, November 18th, at 8 p.m. A number of new members were added to the club and those present were most enthusiastic and interested in the work. The report of the secretary and treasurer was adopted with much satisfaction. Dr. Elliott gave a very interesting address and spoke a few words of encouragement to the members and expressed great satisfaction with the work that the club had been able to do. Dr. Adams also very kindly made a few remarks and altogether the meeting was most successful.

Miss E. H. Hardinge, District Superintendent of the Ottawa branch of the Victorian Order of Nurses, has been granted four months' leave of absence. She will spend the time in Jersey, Channel Islands.

Miss Eva J. Shanks has resigned her position in the hospital at Blind River and taken up private nursing in Sault Ste. Marie.

Miss Mabel Stanley, a graduate of the General Hospital, North Adams, Massachusetts, has been appointed Superintendent of the new hospital at Kincardine, Ontario, and will enter on her duties on December 1st.

The addresses given at the first annual meeting of the Nova Scotia Graduate Nurses' Association, held in Halifax a few weeks ago, were especially interesting and appropriate. Miss Pemberton occupied the chair, and the residence parlor of Victoria General Hospital was filled with nurses, the exercises being opened with prayer by Venerable Archdeacon Armitage. No profession, if we except that of the doctor, brings its members into such intimate familiar contact with suffering. None can be more blessed by the Creator, since its express business is that of ministration. In his opening prayer the Archdeacon made fine reference to the nurses' work. An admirable address of welcome by Mr. Kenney, superintendent of the Victoria

General Hospital, followed. He said: "As I stand here to welcome you who have gathered together on this, the occasion of the first general meeting of your association, to consider and discuss such matters and methods as will, if properly developed and applied, further aid you in an enterprise having its inception in the noble desire to more efficiently carry on that grand and glorious work of relieving human suffering and prolonging human life, I am conscious of mingled impulses of pride and pleasure—pride that our little province has quietly, it may be, yet by sure and steady steps, now reached that stage and strength in such numerical and professional equipment incident to your chosen vocation, as to enable it and you to organize an institution such as that of which this is the first regular meeting." Mr. Kenny was followed by Dr. Hattie, superintendent of the Nova Scotia Hospital for the Insane, who gave a very fine address. Dr. Murdoch Chisholm urged upon those present their duty in the matter of standing firmly for the dignity and the honor of their profession, and personally and individually illustrating their belief in it by maintaining the highest standards in their practice.

He referred to the fact that negligence of duty, carelessness, or lightness in the nurse, charged with keeping alive that flame which we call life and is the gift of God, may cause catastrophe in the sick room—how the catastrophe is ever waiting, like a thief in the night, to take advantage of ignorance or carelessness.

This was the first annual meeting of the Nova Scotia Graduate Nurses' Association. In May last the first steps toward organization were taken, and at intervals since then meetings have been held to perfect it, the officers for the ensuing year, recently elected, being as follows: President—Mrs. Wm. D. Forrest; Local Vice-President—Miss Pemberton; Vice-Presidents of the Association as a whole—First, Miss Sheraton, of New Glasgow; second, Miss Elliott, Kentville; third, Miss Simpson, Dartmouth; Treasurer—Miss McKeil; Secretary—Miss Kirk.

The annual meeting of the Alumnae Association, R. V. H., was held on the evening of October 13th. After the reading of minutes, all the officers for the past year were re-elected, and after considering plans for the coming meetings of the year, refreshments were served and a pleasant social half-hour spent by the members present.

Miss Gilmour (R. V. H.) who has been engaged in settlement work in New York for the past year, went to Newfoundland September 1st to take charge of a hospital recently established at Grand Falls.

Miss Henderson, formerly Lady Superintendent of the R. V. Hospital, Montreal, has gone to Richmond, Virginia, to take charge of Dr. Hodge's private sanitarium.

Miss Dora Burgoyne, a member of the Executive Committee, N. S. G. N. A., who has taken advantage of a very much enjoyed post-graduate course offered by the Floating Hospital for Infants, Boston, has returned to Halifax.

On October 12th, at St. Andrew's Church, Halifax, Miss Lilian Reeves, graduate and subsequently a head nurse of the Lowell (Mass.) Hospital,

was united in marriage with Dr. James Ross. Mrs. Ross has been an interested member of the N. S. G. N. Association.

Miss Margaret Ellis, graduate General Hospital, St. John, N.B., has been appointed to the staff of the V. O. at Halifax in succession to Miss H. B. Dodd, resigned.

The work of the Halifax Branch of the V. O. is rapidly increasing under the able superintendence of Miss Deacon, formerly Queen's Nurse in charge of the D. N. A., England. The services of a third nurse are urgently required and an appeal has been made to the city to contribute toward necessary expenses. Miss McKenzie, General Superintendent, paid her annual visit of Inspection on October 16th.

The graduating exercises of the Training School for Nurses of the Sarnia General Hospital were held in the Town Hall on Tuesday evening, the 19th of October, before a large and appreciative audience of the friends of the hospital and graduating nurses. After a brief programme and the presentation of diplomas and medals, an informal reception was held at which the nurses received the congratulations of their friends, refreshments being served by the ladies of the Hospital Aid Society, while some choice music was contributed by the orchestra. The graduating class comprised Miss Alice Robinson, Oil Springs; Miss Jessie Douglas, Strathroy; Miss Christena Fettes, Holstein; Miss Margaret McColl, Forest, and Miss Cecelia Pegley, Miss Sadie Wright, Miss Mary Parry of London. With the class this year the graduates of this hospital number sixty-two.

Good progress has been made during the past year by the Toronto Hospital for Incurables, the thirty-fifth annual meeting of which was held on October 29th. The chair was occupied by Sir William Mortimer Clark, and with him on the platform were Bishop Sweeney and the president, Mr. Ambrose Kent. The devotional exercises were conducted by Rev. Dr. as follows: Vandersmissen medal—Awarded to Miss Henderson, presented Cleaver, of Trinity Methodist Church. The chairman, in his address, referred and surroundings of a home as well. The Ontario Government and the City Council realized this when they granted \$50,000 towards the completion of the new wing which was commenced four months ago. The report of the medical board was presented by Dr. W. T. Burns. During the past year, he said, nine patients had left the hospital greatly improved. There were at present 138 in the institution, and at the beginning of the year there were 141. Since then 31 deaths had occurred, and 37 new patients had entered the hospital. The meeting was closed with a few remarks from the president, Mr. Ambrose Kent, who referred to the death of the late Mr. H. C. Hammond, a member of the past board of management, and cited instances of his boundless generosity towards the hospital.

The annual meeting of the Alumnae Association of the Hospital for Sick Children Training School for Nurses, Toronto, was held in the Nurses' Residence on October 14th. The following officers were elected for 1909-10: President—Miss Barnard; First Vice-President—Miss Ewing; Second Vice-President—Miss Robertson; Recording Secretary—Miss M. Isaac; Cor-

## Vapor Therapy

The avoidance of drugs if desired or compatible with any drug.

## Whooping Cough

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responding Secretary—Miss B. Goodall, 660 Euclid Ave.; Treasurer—Miss M. Wilson; Secretary for Invalid Cookery—Miss M. Gray, 505 Sherbourne St.; Directors—Miss Haley, Miss Jamieson, Miss Thompson; Press Representative—Miss Moodie; Central Registry—Miss Barnard and Miss Fellows; Canadian Nurse—Miss McCuaig. Miss Barnard, Miss Goodall and Miss Wilson were elected by acclamation. After the meeting was adjourned, Miss Brent very kindly entertained the members of the Alumnae together with the members of the graduating class, light refreshments being served, after which a meeting of the Heather Club was held. A report of the summer work was given, a nurse appointed to assist in visiting and reporting any cases needing care or clothing, and it was decided to look after a little boy now in the hospital.

At the first annual meeting of the Alumnae Association of the N. P. B. A. Hospital Training School for Nurses, Miss L. Whittaker, T. G. H., was made an honorary member.

The regular monthly meeting of the Alumnae Association of the Hospital for Sick Children was held in the Nurses' Residence on Thursday, November 11th. A large attendance was present and a number of new members were added to the Association. After the business was conducted, Miss Brent gave a very pleasing address which was followed by afternoon tea.

The Canadian Nurses' Association of Montreal was well represented at the Congress in London, ten of its members attending the meetings. They have lately returned to Montreal again and at the December meeting of the Association will, for the benefit of the members, give reports of their trip, hospitals visited and new ideas gained. We hope to give a report of this meeting later.

Miss Phillips, Recording Secretary of the Canadian Nurses' Association and Superintendent of the Foundling and Sick Baby Hospital, was the recipient of a beautiful watch bracelet from the Ladies' Committee of the hospital and at the same time received from the Medical Board a handsome bag. Miss Phillips, who is in her tenth year at the hospital, has done good work and we are glad to see it recognized.

The members of the Canadian Nurses' Association were invited to attend the annual meeting of the local Women's Council which took place on November 9th. The president, Miss Baikie, and several members of the Executive attended and were interested and instructed by the reports of the work of this influential body of women workers for the good of humanity in its widest sense, made up as it is of so many associated societies and organizations. The C. N. A. regards their affiliation with the Council in June as a step forward, the benefit of which will be mutual. After the meeting, tea was served and a pleasant half-hour spent.

The Board of Management of the Canadian Nurses' Association presented Mrs. Spence with a silver muffin dish and expressed their regret at losing so helpful a worker from their ranks. Mrs. Spence (nee Miss Gracia B. Ward) is a graduate of the Montreal General Hospital, class '93.

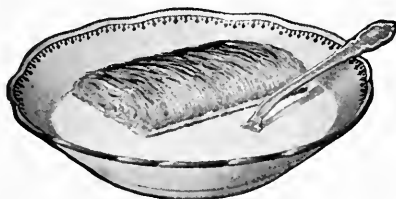
We are pleased to see Miss Gibson, of the Nurses' Home, Harriston,

A weak stomach can retain and digest Shredded Wheat even though it will reject all other food.

This is a fact recognized by most physicians and qualified nurses, who recommend it frequently to convalescents.

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looking so well after her much needed rest. Miss Gibson has returned to work after spending a few days with friends in Stratford and Lucknow.

Miss M. E. P. Martinoni, late Superintendent of the Royal Alexandra Hospital, Fergus, Ont., and graduate of the same school, has been appointed Lady Superintendent of the Orthopedic Hospital and Training School for Nurses, Toronto. Miss A. M. Trout, of Harriston, graduate of the Royal Alexandra Hospital, Fergus, class '06, has been appointed Lady Superintendent of the same hospital and training school for nurses.

At the monthly meeting of the Alumnae Association of the Hamilton City Hospital, held on Tuesday evening, November 2nd, Dr. Holbrooke, of the Mountain Sanatorium, gave a very interesting and instructive address on tuberculosis. It is the intention of the Association to have a number of lectures given during the winter months.

Miss Mary H. Mackay, R.N., left for New York on November 1st to resume her work.

At the annual meeting of the Alumnae Association of the Toronto General Hospital Training School for Nurses, the following officers were appointed: President—Mrs. Findlay; First Vice-President—Miss Ellis; Second Vice-President—Miss Tweedie; Recording Secretary—Miss Neilson; Corresponding Secretary—Mrs. Aubin; Treasurer—Miss Hall; Convenors of Committees—Sick Visiting, Miss Kilgour; Registration, Miss Christie; Programme, Mrs. Pellatt; Lookout, Miss Brereton; Press and Publication, Mrs. Feeney.

Miss Buckels has been appointed Superintendent of the new Cobalt Hospital. Miss Buckels is a graduate of the Lady Stanley Institute, class of 1908, and has been head nurse at the Isolation Hospital, Ottawa, since then until leaving for her new duties in Cobalt.

A very vigorous campaign has been started among the merchants and business men of Lacombe, Alberta, to place the finances of the new hospital on a solid foundation. The small sum of \$1 is being asked of young and old alike, and if the call is responded to, as it very well should be, the board of management will be able to start free of debt.

The Residence for Nurses in connection with the Hospital for Sick Children was the scene of a very pleasant gathering on October 21st when the annual graduating exercises took place. Speech-making, congratulations, etc., were all features in the ceremonies attending the presentation of medals, diplomas and prizes of the graduating class. There was a very large attendance and the guests were received by the trustees, the superintendent, Miss Brent, and several of her staff. Mr. J. Ross Robertson presided, and in an interesting address gave an account of the work of the training school, making special reference to the recent new features of the work. He spoke of the preliminary course, the diet kitchen, the visiting nurse, the nursery maid, the gymnasium and massage departments, the alumnae, the pasteurization of milk, etc. The number of our nurses who have graduated in the twenty-four years of the existence of the training school is 213. The Rev. F. G. Plummer gave a most excellent and inspiring address, setting forth the ideal



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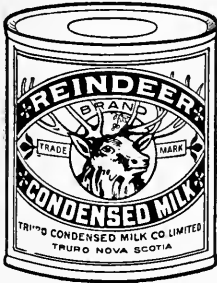
nurse, and his kind words will long be remembered by the class of 1909. The medals and diplomas were presented to the graduating class by Professor McPhedran, who spoke most kindly of the work done by the nurses in the hospital. The class is as follows: Helena Daly, Holland Landing; Martha Monk, Toronto; Edith Joliffe, Clinton; Petron Adam, Lindsay; Kathleen MacKenzie, Petrolia; Gertrude O'Hara, Toronto; Eleanor Kerrigan, London; Catherine McLean, Maxville; Florence Phillips, Parry Sound. Miss Brent, the Superintendent, presented the prizes. Miss Catherine McLean received the first prize for general proficiency, and Miss Gertrude O'Hara the second prize for highest marks in examination. After the presentation of prizes the friends of the nurses, about 150, were received by Miss Brent and the chairman. Refreshments were served in the dining room. Afterwards the nurses had a dance, the evening drawing to a close about 12 o'clock.

At the regular monthly meeting of the N. S. G. N. A. on November 10th the members were briefly addressed by Miss Elliot, Lady Superintendent of Kentville Sanatorium, on the subject of recreation, after which extracts from published reports of the International Congress meeting held in London were read by the secretary. Both addresses and reading were well appreciated. This association now numbers thirty-nine members.

Miss Alice J. Scott, Superintendent of Grace Hospital, Toronto, has arranged a course of lectures for the nurses of the hospital, one of which was given last month by Rev. Principal Gandier of Knox College, on "Service." Dr. Gandier spoke of our personal service to the world not only in the artistic sense, but also in the vulgar sense, that is the service of the kitchen, quoting from Ruskin's "Sesame and Lilies," doing the ordinary everyday tasks for the sake of others. We are not to be degraded by our tasks, however lowly, but rather elevate them to our level; being able to do the ordinary things in an extraordinary way, not looking for extraordinary things and doing them in an ordinary way, taking for instance the poor old cobbler who believed that it was nobler and more to be desired to make a common pair of shoes in the very best way possible than compose a poor sermon. Dr. Gandier also referred to the great opportunities we as Christian nurses have in our daily contact with the sick and suffering, in bringing sympathy, aid and encouragement, rejoicing in self-denial, not for the sake of self-denial, but for the sake of benefiting others.

The regular monthly meeting of the Central Registry was held at Mrs. Downey's, 554 College Street, at 8 p.m. Monday, November 1st, seven members being present, Mrs. Downey, the Misses Argue, Kennedy, Fralick, Snodgrass, Ewing and Barnard. The minutes of the last meeting were read and adopted. Treasurer's report—Registry calls, 118; personal calls, 21; experienced calls, 6; hourly calls, 1; cancelled, 1; unanswered, 1; nurses on Registry to June 1st, 288; nurses joined since June 1st, 62; total, 350. Financial statement—October balance in savings, \$760.19; current, 160.75; October fees, \$215.00; charts, \$1.00; total, \$1,136.94; expenditure, \$137.39; balance, \$999.55. There was no election of officers as it was decided to retain the present officers for another year. The advisability of the Central Registry having nothing to do in obtaining untrained nurses for the medical

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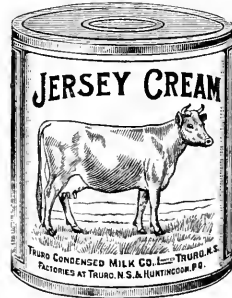


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men or the public, was discussed thoroughly, and it was thought wise, in future, to have no connection with them whatever, so that they will not be enabled to say they get their calls from the Central Registry, as so many have done. The registry is a registry for graduate nurses only. The subject of fees was also thoroughly discussed and it was thought advisable to set the fee for obstetrical cases at \$21.00 a week. There will be some new constitutions printed shortly and each nurse belonging to the Registry will receive one and we hope that they will do their best to carry out the rules. There will also be a little booklet sent to the doctors with the names of the graduates and their schools, with a page for fees, so that the doctors may know what a nurse should charge. The meeting then adjourned till the first Monday in December.

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The annual graduation exercises of Grace Hospital Training School for Nurses were held October 29th in the Metropolitan Assembly Hall, which is situated across the road from the hospital itself. The proceedings included a reception held by the superintendent, Dr. Edith Beatty, and the principal of the school, Miss Scott. Refreshments were served and a dance for the younger people concluded the programme. In the absence of Mr. E. R. Wood, chairman of the Board of Governors, Colonel Sir Henry Pellatt presided. Lady Pellatt had also consented to present the diplomas to the members of the graduating class, and in doing so spoke a few words of congratulation and encouragement to them. Vocal solos were given during the evening by Mrs. Palmer, and one on the 'cello by Mr. Paul Hahn, all of which were very much enjoyed.

The Grace Training School at the hospital itself is conducted in a high state of efficiency. Nurses who pass through it receive a training under Miss Scott, as those did who were under her predecessor, Mrs. Currie, which is second to that which is given in no other hospital in the country. Grace has many warm friends whose interest may always be counted upon in its behalf. The Board of Governors have under contemplation an enlargement which will be proceeded with when certain preliminary considerations have received proper attention.

The principal address of the evening was that by Dr. C. J. Hastings to the thirteen members of the graduating class. It was full of interesting information and stimulating encouragement from which not alone the nurses might profit, but all others who were present as well. Ven. Archdeacon Cody was on the platform and presented two of the prizes. In presenting to each of the graduates on behalf of the Board of Governors the usual parting gift of a \$20 gold piece, Mr. J. E. Atkinson referred briefly to the satisfaction which the Board takes in the condition of the school and the hospital, and expressed the governors' good-will and good wishes toward the nurses who year after year at the end of their period of training go out from the walls of the hospital to follow a profession which is the noblest to which women may devote themselves.

After the diplomas were presented by Lady Pellatt, prizes were awarded as follows: Vandersmissen medal—Awarded to Miss Henderson, presented

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Following are the members of the graduating class: Mary Elsie Henderson of Rockton, Edith Rilla Snider of Elia, Ont., Margaret McKinnon of Toronto, Bertha Fowlie Russell of Georgetown, Evelyn Roberta Smith of Perth, Elizabeth May Blackwell of Toronto, Christina McPhail of Sault Ste. Marie, Mabel E. Pearen of West Toronto, Mary Edna Kate Allison of Adolphustown, Agnes Thomson of Toronto, Clara Edith Cunningham of Ashburnham, Elizabeth Lillian Furlong of Albany, N.Y., and Mina Marion Carruthers of Avening.

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### MARRIAGES.

Ross-Benner.—At Toronto, on October 20th, 1909, Miss Victoria M. Benner (graduate Toronto Western Hospital) to Mr. Oliver Ross of Toronto.

Le Gallais-McGie.—On July 21st, 1909, at St. John's Church, Montreal, by the Rev. Arthur French, Laura M. McGie (R. V. H.) daughter of D. B. McGie, Esq., Port Daniel, Que., to Rev. Frederick G. Le Gallais, Danville, Que.

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## The Nurses' Library

The December "Delineator" keeps up the high standard of the year. Kipling, Nathan Straus, Evangeline Booth, Andrew Carnegie and John D. Rockefeller have all "taken up their pens" for it.

"Secret Remedies," published for the nominal cost of one shilling by the British Medical Association at 429 Strand, London, W.C., is a book that no doctor can afford to do without. It tells what these cheats cost and what they contain. Nurses need it almost as much as doctors. It is a splendid book of reference.

"World-Wide" (John Dougall & Son, Montreal) is one of our best exchanges. Nurses will find it always interesting and so wide in its sympathies that no convalescent patient will complain that there is nothing interesting to him—or her—in it.

"How to Rest and be Rested," by Grace Dawson. London: William Rider & Son, Ltd., 164 Aldersgate St. E. C. This red-bound little book is a clever effort to show nervous people how to rest. It is well written and well expressed, and if the patient only has enough "brains" to mix with the instructions, it will help.

"The Production and Handling of Clean Milk," by Prof. Kenelm Winslow, M.D., and H. W. Hill, M.D. New York: W. R. Jenkins Co., Sixth Avenue. "Pure Milk and the Public Health." By Prof. A. R. Ward of the University of California and Prof. M. E. Jaffa of the University of California. Ithaca: Taylor & Carpenter. These two works on milk are certainly invaluable. The first is the most complete work we know, and this, the second edition, is practically a new book. Besides, Dr. Hill's collaboration is of great importance. We unhesitatingly recommend this book. Prof. Ward's book is chiefly intended as a manual of milk and dairy instruction. It is practical, and might be placed in the hands of any dairyman, alderman or intelligent citizen with the confident feeling that nothing but a great deal of good would come out of a careful reading of it. It is a splendid book.





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